A celebration of excellence

SASKATCHEWAN CANCER AGENCY

annual report 2013-14

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Copies of the report are available at www.saskcancer.ca.

research
treatment
prevention
early detection

Saskatchewan Cancer Agency

A healthy population free from cancer

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Telephone: (306) 585-1831 • Fax: (306) 584-2733

The Honourable Dustin Duncan
Minister of Health
Province of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Minister Duncan:

I have the honour of submitting the annual report of the Saskatchewan Cancer Agency for the fiscal year ending March 31, 2014.

As an organization our foundational values are strengthened by the everyday contributions of our staff, physicians, researchers, leaders and volunteers who continuously strive for the best outcomes toward creating a healthy population free from cancer.

The many accomplishments that we have made speak to the quality, dedication and commitment of all staff of the Saskatchewan Cancer Agency toward improving the health outcomes of Saskatchewan residents.

The Board of Directors has also worked tirelessly, with governance as a key priority, ensuring that the organization has sound policies in place that result in transparency, accountability, effectiveness and enhanced health and well-being of clients, patients and their families.

The 2013-14 annual report will highlight our public commitments and the work we accomplished toward research, treatment, early detection and prevention. It also includes the audited financial statements for our organization.

Respectfully,

J. Stewart McMillan

Dr. J. Stewart McMillan
Board Chair
Saskatchewan Cancer Agency

Report from the President and Chief Executive Officer

Over the last several years, the Saskatchewan Cancer Agency has been cultivating a culture of quality and safety that builds on the work of our caring and dedicated staff. Through our work we are helping shape the way in which healthcare is delivered in this province and that is something we take great pride in. Our work is not just about treating a disease or outcomes—it's about people, families and communities. This was reflected during the year as we:

- Provided influenza vaccinations to patients and immediate caregivers
- Developed and implemented a provincial anti-coagulation management strategy for cancer-related venous thromboembolic events
- Continued the implementation of a falls prevention program for patients
- Used Lean tools to reduce backlog of transcription work in Regina and improve the overall process
- Improved care by providing access to the electronic health record (ARIA) for staff working in the Community Oncology Program of Saskatchewan (COPS)
- Helped provide the training for peer support for cancer patients through the Prince Albert COPS centre
- Worked with the Saskatoon Health Region to provide new symptom management and palliative care clinics for cancer patients
- Installed an advanced linear accelerator known as TrueBeam at the Saskatoon Cancer Centre
- Worked to ensure a safe and smooth transition for the transfer of inpatient pediatric care from the Pasqua Hospital in Regina to the General Hospital
- Moved our research area from the Saskatoon Cancer Centre to the Health Sciences Building on the University of Saskatchewan campus
- Completed renovations of our pharmacy area at the Allan Blair Cancer Centre
- Continued building relationships

This report gives us an opportunity to publicly share our accomplishments, the lessons we have learned and the overall direction of our organization as we work to fulfill our legislated mandate of providing cancer control for the people of this province. Doing our best is what the Cancer Agency strives for, and throughout the 2013-14 year staff continued to lead the way in innovation and excellence.

Scott Livingstone
President and Chief Executive Officer

Who We Are

The Saskatchewan Cancer Agency operates prevention and early detection programs, conducts innovative research and provides safe, patient and family-centred care at the Allan Blair Cancer Centre in Regina and the Saskatoon Cancer Centre. Our more than 650 dedicated employees are passionate about their work in the fight against cancer.

We serve a population of 1,122,537 (Ministry of Health Covered Population 2013) and continue to meet the changing needs of healthcare, offering clients, patients and their families safe, quality programs and treatment.

The Agency is subject to or governed by the following provincial legislation:

- *The Cancer Agency Act*
- *The Health Information Protection Act*
- *The Regional Health Services Act*

TREATMENT

Through the Allan Blair Cancer Centre in Regina and the Saskatoon Cancer Centre, patients have a team of experienced, skilled and dedicated health professionals helping them understand their diagnosis and make choices on treatment and care.

Each cancer centre offers:

- Psychosocial workers to help patients and families cope with the physical, financial and emotional impact of dealing with cancer
- A referral centre, operated by registered nurses, that processes new referrals and books patients for assessment
- Chemotherapy and radiation therapy

Through the Blood and Marrow Transplant Program, located in Saskatoon, we provide assessments and treatment for patients with aggressive or advanced blood and circulatory system cancers.

COMMUNITY ONCOLOGY PROGRAM OF SASKATCHEWAN

We recognize the importance that family and community play in a patient's treatment and recovery. The Community Oncology Program of Saskatchewan (COPS) works together with health regions to provide specific types of chemotherapy treatments in hospitals. COPS provides cancer patients with care, treatment and support in or closer to their home communities. There are 16 COPS centres located in hospitals throughout Saskatchewan (Estevan, Humboldt, Kindersley, Lloydminster, Meadow Lake, Melfort, Melville, Moose Jaw, Moosomin, Nipawin, North Battleford, Prince Albert, Swift Current, Tisdale, Weyburn, and Yorkton).

EARLY DETECTION

The Cancer Agency operates three population-based screening programs:

- Screening Program for Breast Cancer includes clinics in Regina and Saskatoon and satellite centres in Moose Jaw, Yorkton, Swift Current, Prince Albert, North Battleford and Lloydminster. We also operate a mobile unit that travels to rural Saskatchewan and First Nations reserves offering screening mammograms.
- Prevention Program for Cervical Cancer
- Screening Program for Colorectal Cancer

Cancer control in Saskatchewan is important in moving us toward having healthy people and communities.

Since 2010-11 there has been a 48 per cent increase in the number of COPS treatment visits and a 15 per cent increase in the number of patients.

Screening Program for Breast Cancer mobile bus

Who We Are

PREVENTION PROGRAMS

Approximately 50 per cent of cancers are preventable. Since many risk factors for cancer are common to other diseases, the probable economic and human life savings is significantly greater than that for cancer alone. By controlling these risk factors there would also be a positive impact on the occurrence of heart disease and stroke, lung disease and diabetes.

RESEARCH

Research has the ability to provide better health, care and value and create better teams of professionals not just in Saskatchewan but around the world. At the Cancer Agency we have world-class researchers who are helping make a difference in the fight against cancer every day. Understanding how breast cancer develops and why it spreads is a key focus of the Saskatchewan Cancer Agency's research team. We provide bench research, clinical research including clinical trials and epidemiological research.

FUNDRAISING

Philanthropy plays a vital role in the success of our work. The support of our donors enables us to:

- Equip our facilities with the most advanced technology to save lives and improve patient care
- Care for the needs of people from early detection through to treatment
- Fund research that benefits patients and advances our understanding of disease prevention, diagnosis and treatment
- Maintain high levels of quality and satisfaction for patients and employees
- Improve our facilities so we can deliver advanced, efficient care to the thousands of patients who come through our doors

Louise Frederick , Patient and Family Advisory Council Chair

PATIENT AND FAMILY ADVISORY COUNCIL

Providing access to safe, quality cancer care is an expectation of most people in this province. However, at the Cancer Agency we want to go further and provide exceptional care with the client, patient and their family at the centre of every decision we make and action we take. This starts with ensuring patients and their families have a voice not only about their care and treatment, but also about how that service is delivered.

In 2011, we established a Patient and Family Advisory Council (PFAC) with patients, family members and our own staff coming together to:

- Improve the patient and family experience
- Improve the relationship between patients, family and staff
- Channel information, ideas and needs of patients
- Provide input into services and programs

Board of Directors

The Agency is funded by the provincial government and is guided by a board of directors appointed by the Lieutenant Governor in Council. The key responsibilities of the board include:

- Selecting the chief executive officer and reviewing his or her performance
- Establishing the overall strategic direction and framework for the Agency, including the mission, vision and values
- Providing financial stewardship by overseeing the financial management of the organization
- Monitoring the overall quality and safety of services and programs for staff and patients
- Establishing and maintaining relationships with key stakeholders
- Maintaining effective governance, which includes annually evaluating the board's effectiveness and that of its committees

The president and chief executive officer (CEO) is the board's link to the administration and day-to-day operations of the Agency. The CEO is accountable to the board as a whole.

ACCOMPLISHMENTS

The board continued to focus its efforts on governance, transparency and accountability and achieving its goals:

- Completed work plans for each committee of the board
- Completed annual board evaluations
- Held a board education day focusing on ethics, risk management and Lean
- Approved the Agency's budget and helped ensure that the organization operated a balanced budget with strong policies and procedures in place
- Received a positive financial report from the Provincial Auditor

"The board is proud of its accomplishments and that of the staff," said Dr. Stewart McMillan, Board Chair. "As we continue to make progress on our goals we are learning more about how to govern effectively."

One of the board's foundations for guiding the work of the organization has been hearing from the patient. "We continue to have patients come to our board meetings to share their experiences, both good and bad" said McMillan. "This helps ensure we are making decisions for the right reasons and with the patient in mind."

"I can tell you that at times we have been brought to tears and saddened by some of the patient stories. We have also been angered and have directed changes. But most of all we have been grateful for their input as it helps inform the work of the organization," said Dr. Stewart McMillan.

Board of Directors

BOARD COMMITTEES

Audit Committee:
- Howard Crofts, Chair
- Doug Finnie
- Velma Night

Governance and Human Resources:
- Ron Waschuk, Chair
- Marlene Lumberjack
- Howard Crofts

Quality, Safety and Risk:
- Dr. Walter Streelasky, Chair
- Doug Finnie
- Ron Waschuk

Dr. Stewart McMillan, ex-officio on all committees

A brief bio of our board members is available at www.saskcancer.ca/board

Dr. Stewart McMillan
Board Chair, Regina

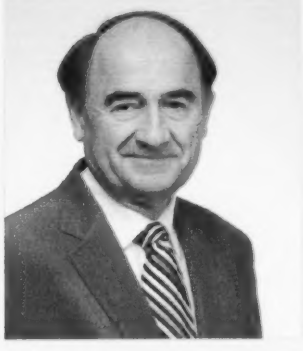
Ron Waschuk
Board Vice Chair, Waskesiu

Howard Crofts
Regina

Velma Night
Cochin

Doug Finnie
Saskatoon

Marlene Lumberjack
Saskatoon



Dr. Walter Streelasky
Melville

Alignment with Strategic Directions

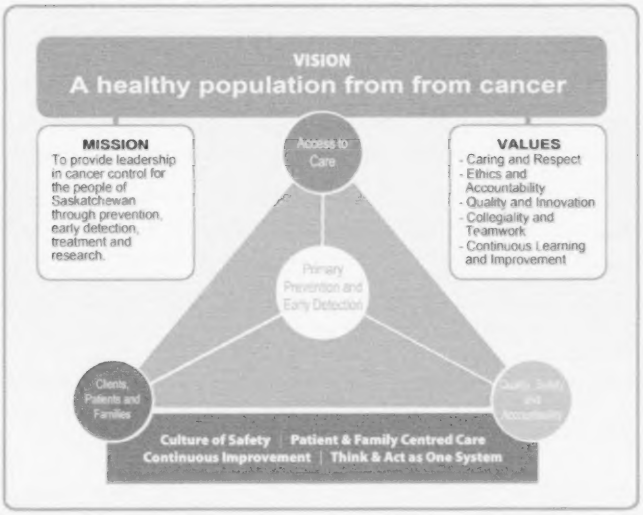
Working together as a health system, the Agency and the regions remain committed to providing better health, better care, better value and better teams for Saskatchewan people. As a whole, the healthcare system is dedicated to improving access, quality and safety for the people we serve.

Throughout the year, three priorities defined the work and relationships of healthcare in the province:

- By March 2014, improve access and connectivity in primary healthcare innovation sites and use early learnings to build foundational components for spread across the province.
- Transform the patient experience through sooner, safer, smarter surgical care
- Safety culture: focus on patient and staff safety

Health Sector Strategic Directions

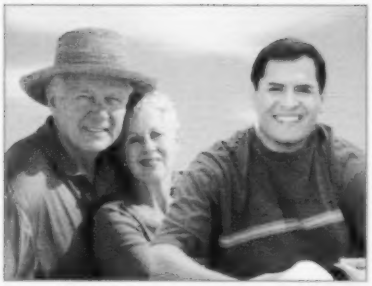
Saskatchewan Cancer Agency Strategic Directions


VISION
A healthy population from from cancer
MISSION
To provide leadership in cancer control for the people of Saskatchewan through prevention, early detection, treatment and research.
Access to Care
VALUES
- Caring and Respect
- Ethics and Accountability
- Quality and Innovation
- Collegiality and Teamwork
- Continuous Learning and Improvement
Primary Prevention and Early Detection
Clients, Patients and Families
Culture of Safety | Patient & Family Centred Care
Continuous Improvement | Think & Act as One System

No matter what position you hold or where you work in healthcare, by having the same vision we can be more effective.

Alignment with Strategic Directions

The Saskatchewan Cancer Agency established five key projects to focus on for the fiscal year that would align with both the provincial and the Agency's overall strategic direction:



Better Health: Primary prevention and early detection

Project: Screening Program for Colorectal Cancer (SPCRC) – full functionality in all health regions

Target	Outcome
Physicians performing colonoscopies on abnormal fecal immunochemical test (FIT)-tested SPCRC clients are credentialed according to provincial safety standards.	3 of 6 performance indicators completed • Develop endoscopy data form = Complete • Education awareness of data form = Complete • Implementation of data form = Incomplete (11 out of 13 regions) • Pilot electronic version of form in selected region(s) = Complete • Implement professional quality indicator of 150 endoscopies per endoscopist per year = Incomplete • Implement professional quality indicator of minimum 6 minutes withdrawal time per colonoscopy per endoscopist = Incomplete
All clients will have access to client navigation.	• 13 of 13 health regions have ongoing working groups with SPCRC • 6 of 13 health regions have navigation in place • 6 of 13 health regions preparing for navigation implementation launch • 1 of 13 health region in preliminary planning stages
All family doctors will have access to the FIT and the Agency will receive the data.	Completed • SPCRC information system (NexJ) interfaced with Saskatchewan Disease Control Lab information system (labware) • SPCRC receives all FIT data • Family physicians have access to the FIT as a standard testing • FIT replaces FOBT
A formal mechanism is in place for follow up care	All participants and their family physicians notified by personalized correspondence of the FIT result and next steps • Normal results: rescreen in two years • Abnormal results: follow up colonoscopy, and rescreen in two years Medical directives have been implemented for family physicians for SPCRC to navigate their patients

Better Care: Improve access to care/Improve the client, patient and family experience

Project: Implement an integrated palliative care pain and symptom management program

Target	Outcome
By March 2014 a provincial framework will be developed. Implementation to begin in October 2013.	• A provincial framework has been developed. A program has been implemented in Saskatoon Cancer Centre as of December 2013 • Currently implementing program components in Regina • Education sessions provided to one COPS centre with purpose of future integration into community oncology setting

Approximately 50-80 per cent of cancer patients experience some degree of pain and 78 per cent have moderate to severe levels of pain.

Alignment with Strategic Directions

Better Care: Improve the client, patient and family experience

Project: Mapping the cancer patient value stream

Target	Outcome
By March 2014 develop a value stream map for the typical screened colorectal cancer patient and implement one major improvement.	• Colorectal cancer process map developed • 14 improvement opportunities identified

Project: Full implementation of falls prevention program

Target	Outcome
By March 2014 have zero patient falls through the elimination of high and moderate environmental hazards and use of continuing education.	• Developing a policy and procedure and integrating this work into daily work of staff • Sharing with staff the fall prevention process and screening of patients at risk for falls • Inspections of cancer centres, mammography bus, lodges and screening locations in both Regina and Saskatoon to identify and remove slip, trip and fall hazards – 26 of the 28 medium and high risk hazards have been resolved • Focus on resolving patient and staff slip, trip and fall unusual occurrences • Risk pulse

Better Care: Improve access to care

Project: Implement a provincial anticoagulation management program

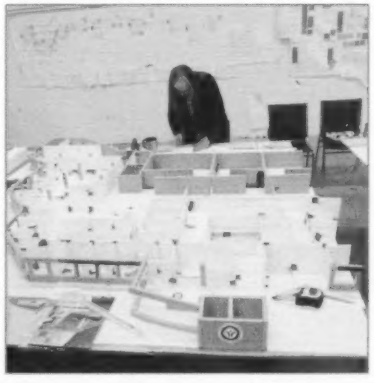
Target	Outcome
By March 2014 develop and implement a provincial anticoagulation management strategy for cancer-related venous thromboembolic events.	• Guideline and a pocket guide mailed to every physician in the province • Education provided to nurses

Better Value: Drive improvements in quality, safety and accountability

Project: Saskatoon Cancer Centre 3P

Target	Outcome
By March 2014 a patient and family-centred 3P design for the use of the Saskatoon Cancer Centre space will be in place.	• The 3P process is currently in progress to redesign the current layout of the Saskatoon Cancer Centre to support patient and family-centred care • It is anticipated that this new design will increase value for the patient receiving services in Saskatoon by decreasing the waiting and walking distances for each visit. It is also anticipated that the new design with reduce staff walking distance and decrease medication travel distance as well as increase capacity through improved flow and processes. • Several guiding principles have been integrated into the design, including putting the patient and family first, implementation of lean management system principles, safety by design, adaptive flexibility and attaining high staff effectiveness and empowerment. • The 3P process has included internal and external stakeholders, including several patient representatives • Several milestones have been met and the design is expected to be ready for submission to the Ministry of Health in the fall 2014

Saskatchewan Cancer Agency falls prevention brochure



Saskatoon Cancer Centre 3P event

Transforming Care Through Lean

The potential of Lean is not just about saving money but about providing better care for patients and ensuring safety for everyone.

At the Saskatchewan Cancer Agency, our clients, patients and their families are at the heart of all we do. To help us continually improve the safety and care we provide, the Agency has adopted a methodology called Lean.

"Lean helps us better understand who our clients and patients are, what they want, and how we can improve the experience they have. It helps us improve our processes so that we can truly focus on what matters most—meeting the needs of clients, patients and families," said Scott Livingstone, Saskatchewan Cancer Agency President and Chief Executive Officer.

Lean is a way of thinking and doing business that focuses on continually evaluating and improving the services we provide to maximize value for customers. Lean empowers staff, clients, patients, and their family members to make changes and generate and implement innovative solutions. When applied throughout an organization, Lean can have a significant effect on productivity, safety and quality.

Lean in healthcare is an approach that increases efficiency in order to provide the highest level of care to the patient.

While a number of Lean initiatives have taken place in the Agency, improved transcription services is one that stands out—not only because of the success and the ability staff have had in sustaining the progress, but because it has improved safety for the patient.

Saskatchewan cancer patients now receive better care as a result of more up-to-date information in their health records. The Saskatchewan Cancer Agency improved the flow of information in transcription that will assist both patients and physicians.

Members of the transcription Rapid Process Improvement Workshop team

"The staff worked hard to reduce the backlog of work and to ensure that care can be given more safely, as timely accurate information is now more readily available to help oncologists present options to patients for their care," said Dr. Jon Tonita, Vice President of Population Health, Quality and Research at the Saskatchewan Cancer Agency.

Using a rapid process improvement workshop—a week-long event focused on how to improve transcription processes—the team, which included a variety of key employees and a patient representative, were able to:

- Reduce duplication of work
- Ensure all staff were able to handle urgent transcription requests as opposed to just one employee being responsible
- Use IT solutions to make their work more efficient rather than manually tracking information
- Create training materials and tips that would assist both new employees as well as current ones to follow the same processes
- Eliminate the backlog of transcription jobs
- Improve the time for transcribing notes

Better Heath: Primary Prevention and Early Detection

While a lot of work continues throughout the year on education and information on prevention, two key areas the Agency is involved in include:

- Skin cancer awareness through Sun Smart Saskatchewan, a partnership of organizations and individuals whose goal is to reduce the occurrence and death from skin cancer in Saskatchewan
- Working with the Saskatchewan Alliance for Youth and Community Wellbeing

SKIN CANCER PREVENTION

Skin cancer is one of the more common forms of cancer in Canadian men and women between the ages of 15-29. However, it is highly preventable.

"No tan is safe," Livingstone emphasized. "That doesn't mean you need to stay indoors all year, but you can take the necessary precautions and practice sun safety by covering up, wearing sun screen, and finding shade when the sun is at its strongest."

The Saskatchewan Cancer Agency, Sun Smart Saskatchewan and others are also hoping to ensure the public understands the risks tanning beds present and how everyone can play a role in helping reduce the incidence of skin cancer in the province.

According to the Canadian Cancer Society, individuals who use tanning beds before the age of 35 have over a 50 per cent increased risk of developing melanoma compared to people who do not use tanning beds. Melanoma is the most serious form of skin cancer.

Since at least 50 per cent of cancers are preventable, it's important that people realize even small changes in their everyday life can make a difference in their overall health.

For more information on Sun Smart visit www.sunsmartsk.ca

Skin cancer statistics 2005-2011

	2005	2006	2007	2008	2009	2010	2011
Melanoma	134	112	108	138	165	138	127
Non-melanoma	2,654	2,654	,2791	2,964	2,961	3,321	3,023

YOUTH AND CANCER AWARENESS

The Cancer Agency participates on several working groups of the Saskatchewan Alliance for Youth and Community Wellbeing, which works to enable youth and communities to influence their own well-being through effective local-level action that is supported by a coordinated and collaborative provincial knowledge to action system.

For the first time in more than 100 years, Canadian children may be less healthy and have shorter lives than their parents.

"While it may be true that cancer is predominately an older person's disease, as a province we can't just wait for people to get cancer and then try to cure them—we need to be proactive and find ways to let them know they can play an important role in determining their own health." Livingstone said.

Better Heath: Primary Prevention and Early Detection

For more information on cancer prevention visit www.saskcancer.ca/prevention.

Working together with others, the Agency is helping to develop and implement a provincial youth health survey targeted to youth ages 11-19 with a focus on risk and prevention factors for chronic disease, of which cancer is one.

"Saskatchewan has the opportunity to lead in cancer prevention and to leave a legacy as significant as the first cobalt radiation therapy unit," Livingstone commented. "But we can't do it alone. Working together is the only way we can make a lasting difference for the youth of this province."

EARLY DETECTION

With screening, early signs of colorectal cancer can be detected and treated successfully. Theresa shares her story of how the Screening Program for Colorectal Cancer made a difference in her life, visit www.saskcancer.ca/theresastory.

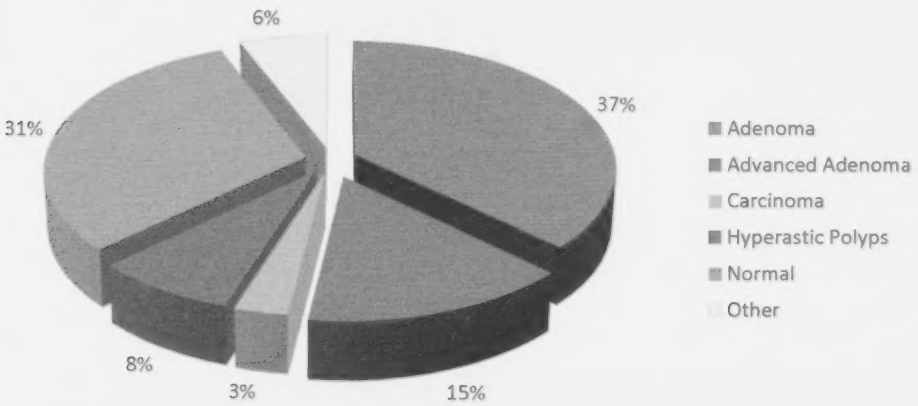
Along with primary prevention, the Cancer Agency continued its work on early detection through its three screening programs. This year a key focus was still on the Screening Program for Colorectal Cancer.

To assist people in following the instructions of how to use the fecal immunochemical test (FIT) a video was made and then translated into Cree and Dené. In addition, a campaign around appealing to the public's sense of family and importance for screening was initiated. This included advertising and also a client story.

"We are honoured to have people who are willing to share their experience and the difference screening can make in a person's health." Livingstone said. "They can encourage others to get screened and talk about what it has meant to their peace of mind to know they are healthy and can continue to participate in their communities, be together with loved ones and friends and to know they do not have cancer."

Video instructions for the FIT are available in English, Cree and Dené. They can be viewed at www.saskcancer.ca/fit-instructional-videos.

Pathology on Colonoscopies on FIT Positive Patients from April 2012 – March 2014



Better Care: Improving Access

The Cancer Agency continued its work on improving care through better access to services, treatments and programs.

"The highlights for improving access really focused on two key initiatives: installing a new linear accelerator in Saskatoon and providing symptom management and palliative care clinics for cancer patients," Livingstone commented.

LINEAR ACCELERATOR

In September of 2013, treatment for cancer patients in Saskatchewan took a giant step forward as the most advanced linear accelerator, TrueBeam, became available in Saskatoon. The TrueBeam, the first of its kind in Saskatchewan, is designed to deliver radiotherapy to tumours with greater speed and accuracy.

"Acquiring the most advanced technology available for radiotherapy will help us better meet the current and future needs of cancer patients in Saskatchewan," Health Minister Dustin Duncan said in a news release. "We are putting patients first with investments that enable improved, safe quality care."

The TrueBeam can deliver higher doses more quickly and with greater precision and has better integration with imaging systems than any current or previous machines used. The system can also be customized, which will allow the Cancer Agency to provide leading-edge treatment techniques to patients.

"This new technology combined with our oncologists' and radiation therapists' expertise will offer improved patient care," Scott Livingstone, CEO of the Saskatchewan Cancer Agency said. "TrueBeam radiotherapy can be used for treatment of all cancer types, but it has the potential to open doors for the treatment of cancers in the lung, breast, prostate and spinal regions."

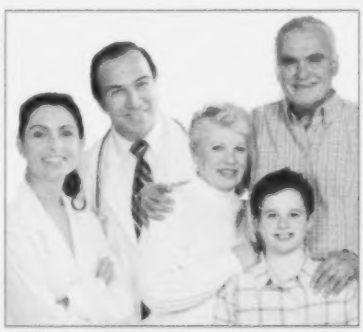
The cost of the TrueBeam and associated renovations at the Saskatoon Cancer Centre was approximately $3.9 million. The funds came from the Ministry of Health.

SYMPTOM MANAGEMENT CLINICS

The second major project that provided better access for patients was the start of symptom management and palliative care clinics for cancer patients in the Saskatoon Cancer Centre.

"It takes a team of dedicated individuals working together to ensure we are helping patients manage the symptoms that may be caused by cancer or treatments," Scott Livingstone said. "The goal is to help improve the quality of life for patients and assist them in making informed decisions about their care both at home and in their own communities."

Providing timely access to safe, quality care, services and programs has been a focus in all that we do, but it isn't enough just to provide access—we need to ensure that we are constantly improving if we are to meet the healthcare needs of all Saskatchewan people.



Better Care: Improving Access

The symptom management and palliative care clinics are offered weekly on Tuesday mornings and Thursday afternoon. Teams, which may include palliative, care physicians from the health region, oncologists, nurses, pharmacists, social workers, dietitians, family physicians and others, can help patients address:

- Pain
- Nausea and vomiting
- Shortness of breath
- Constipation or diarrhea
- Fatigue and weight loss
- Depression, delirium and emotional concerns

"This is a great opportunity for us to collaborate with our strategic partners in order to ensure that our joint patients have access to the medical specialists in symptom management and palliative care services," Dr. George Pylypchuk, Vice President, Practitioner Staff Affairs, Saskatoon Health Region said in a news release in December.

While a referral is needed for an appointment at the clinic, anyone can make the request to the Saskatchewan Cancer Agency, including patients and family members as well as healthcare professionals. Patients do not have to be in active treatment or registered with a palliative care program to be seen in the clinics.

"Our hope is that patients and their families will be provided with seamless symptom management and palliative care support in our cancer centre and provided with access to programs in their own communities when possible," Livingstone said.

Between December 2013 and March 2014:

- 182 referrals were made to the symptom management and palliative care clinics
- 132 patients were seen through the clinic at the Saskatoon Cancer Centre
- 50 patients were managed by a nurse via phone
- 110 patients/families were seen and supported by social workers

The clinics will be offered at the Allan Blair Cancer Centre during the 2014-15 year.

Better Value: Driving Quality, Safety and Accountability

One important area for safety this year was the renovations to the Allan Blair Cancer Centre pharmacy area.

The project took place from early spring of 2013 until September and included:

- Expanded pharmacy hood or workbenches
- Installation of an anteroom
- New refrigeration units
- Better layout and use of overall space which included better sightlines and controls

"Given we dispense more than 22,000 intravenous medications for patients annually in the Allan Blair Cancer Centre, it is important that safety be our main priority," Livingstone said.

The renovations cost $607,400 which was provided by the Ministry of Health in their annual budget to the Cancer Agency.

PEDIATRIC SERVICES

The Cancer Agency also played an important role in safety and quality with the changes that were taking place in Regina for pediatric care. In December 2013 the Regina Qu'Appelle Health Authority Board made a decision to amalgamate inpatient pediatric services from the Pasqua Hospital to the Regina General Hospital. The goal was to provide better, high quality, safer services that improve the health outcomes of the children of Regina and southern Saskatchewan.

While outpatient care is still available at the Allan Blair Cancer Centre, for the safety of pediatric patients who are receiving treatment while on an open clinical trial, arrangements would need to be made to send them to Saskatoon where there is a pediatric intensive care unit.

"We recognize that providing care closest to home is always the preference for patients and their families; however, we cannot compromise safety for children participating in an open clinical trial," Livingstone said.

"The safety of the patient is the primary focus for the Cancer Agency and we would not knowingly treat children if there were a risk to their safety. We already send pediatric patients for care outside of the Allan Blair Cancer Centre when it is appropriate or when the services necessary are not currently available."

Based on historical averages, 10 patients are enrolled on Children's Oncology Group (COG) biology studies, and three to four patients are enrolled in COG treatment studies. On average, there were one to two pediatric intensive care unit admissions per year for this group of children.

Safety is always a priority. Patients and staff are equally important and we are constantly looking at ways to improve our work, our facilities and services towards our goal of zero harm.

We want every employee, patient, family member and client to go home each day knowing that we kept everyone safe. We can achieve this by working together and putting safety first.

Better Value: Driving Quality, Safety and Accountability

3P throws conventional methods of planning out the door. Instead of executives sitting in a room with architects, the people who use the space are the ones doing the planning based on information and data. This is a huge change and one that I think will give us better results.

Members of the 3P team

For more information on the Saskatchewan Cancer Agency's continued commitment to improving patient care visit www.saskcancer.ca.

3P (PRODUCTION, PREPARATION, PROCESS): REDEVELOPMENT OF THE SASKATOON CANCER CENTRE

In an effort to improve the patient and staff experience, many people have been working toward a redevelopment plan for the Saskatoon Cancer Centre using the 3P process.

The redevelopment of the Saskatoon Cancer Centre is work that is still ongoing but what is important is that it involved patients, doctors, nurses, pharmacists, administration professionals, IT, facilities staff and many others.

Several milestones were met during the fiscal year:

- Data collection: The 3P team consisting of physicians, staff, patients and external partners spent over two months collecting information about the flow of patients, identifying the materials, staffing resources and machines required for each process and documenting the times and routes involved in the processes.
- Seven ways: Using the knowledge of flows within the centre, the team reviewed seven potential general clinic designs and used a rigorous process to select one design.
- 3P week: After collecting and analyzing data, the team met to create a clinical model that would improve the patient experience and enhance patient and staff flow. The team learned about Lean design principles and looked at how current processes could be improved, including:
  - Sharing spaces between services instead of maintaining silos
  - Analyzing data, flow and motion so that work can proceed smoothly in one direction where the start and end are in closer proximity
  - Making patient and staff pathways more direct and intuitive
  - Standardizing layouts and equipment to create spaces that would be instantly familiar and contain the right supplies and equipment to reduce the potential for error
  - Making workplaces more visual so staff can quickly identify any abnormalities in order to avoid mistakes
  - Making the design adaptable and flexible to enable change as work evolves

The team will continue its work in 2014-15.

SHARED SERVICES

The Cancer Agency, like the health regions, look to find appropriate ways to share services. According to Health Shared Services Saskatchewan (3sHealth), through group purchasing for clinical supplies and services there was a $7.8 million savings. In addition the Gateway Online project, which provides all employees with access to personal employment information electronically, was completed. 3sHealth has indicated that they exceeded the $10 million annual provincial savings target, producing cost savings for the healthcare system totaling more than $23 million.

By sharing services, the health regions, Saskatchewan Cancer Agency, and other healthcare partners can provide better quality of care to patients and families.

Better Teams: Improving the Client, Patient and Family Experience

The Cancer Agency embraced the idea of working together to make a difference in a variety of different initiatives and projects throughout the year.

RESEARCH RELOCATION

In June 2013 the Saskatchewan Cancer Agency Research Unit relocated to the Health Sciences Building on the University of Saskatchewan campus. The researchers now share one large common laboratory with several adjacent side support areas with specialized functions for cell culture, dark room, radioisotope and cold workroom.

This new configuration:

- Makes it easier to adjust to variations in the number of people working in each researcher's laboratory
- Reduces the amount of duplicate equipment needed
- Reduces the amount of physical space needed
- Fosters collaboration between researchers and increases the day-to-day contact

"The benefits to this new facility definitely make the challenge of ensuring a smooth transition and getting everyone and everything in place worth the efforts," Livingstone commented.

New research lab in the Health Sciences Building, University of Saskatchewan

IMPROVED ACCESS TO ELECTRONIC MEDICAL RECORD FOR COPS CENTRES

We also built better teams through the Community Oncology Program of Saskatchewan (COPS) by providing all 16 COPS centres with access to the Saskatchewan Cancer Agency's Clinical Management System (CMS).

"Higher accuracy and timely access of medical information leads to safer care and an improved experience for our patients and staff. We are making this possible through initiatives that help provide access sooner." Livingstone reported.

Over a period of nine months the COPS centres received remote computer access and training on using scheduling, notes and other parts of CMS. Clinicians at all COPS centres can now view and update patient charts directly, resulting in better communication and enhanced patient care. The last COPS centre received access and training in September 2013.

"Having access to the most recent and up to date information through the electronic health record is really a patient-first solution to care," Livingstone said.

More than 1,700 patients and 10,000 treatment visits to COPS centres take place, so improving the system has an impact for patients as well as healthcare professionals.

The CMS remote access project team travelled over 22,000 kilometres to train 300 new CMS users in 16 COPS centres throughout the province.

We are better working as a team and that includes patients and families. But to provide excellent care we need to see those we care for as more than patients and partners—we must seem them first as people.

Better Teams: Improving the Client, Patient and Family Experience

A total of 16 volunteer navigators were trained in Prince Albert Parkland Health Region and have met with COPS patients.

PEER SUPPORT FOR CANCER PATIENTS

A peer navigation program was launched in October 2013 through the Prince Albert COPS centre. Working together with the Canadian Cancer Society and the COPS centre cancer survivors in the area were trained on:

- Coaching
- Problem solving and coping skills
- Sharing information about the disease and treatment options
- Providing emotional support

"Patients who are paired with a peer navigator are often better equipped to manage their treatments and experience a better overall cancer journey," said Livingstone. "Sometimes having someone to talk to who has been through the experience can help make patients more comfortable than any of our doctors or social workers can."

This program was the first of its kind in the province, and while initial reports are positive from both the volunteer navigators and the patients, a formal evaluation will take place to ensure it is meeting the needs of everyone involved.

"These are the kinds of relationships we need to build more of, as they can have a profound impact on the patient and their family," said Livingstone.

HISTORIC PARTNERSHIP: FIRST NATIONS AND MÉTIS CANCER SURVEILLANCE SYSTEM

For the first time, the Federation of Saskatchewan Indian Nations (FSIN), the Métis Nation-Saskatchewan (MN-S) and the Saskatchewan Cancer Agency are all working together to advance cancer care and services for people in the province.

Robert Doucette, President, Métis Nation-Saskatchewan, and Dr. Jon Tonita, VP Population Health, Quality and Research, Saskatchewan Cancer Agency

"In Saskatchewan the cancer journey of First Nations and Métis people often crosses many components of health systems, multiple providers, geographic locations and cultures," said Bev Whitehawk, Director of Primary Health Care with the Federation of Saskatchewan Indian Nations in a news release on March 6, 2014. "We want to ensure that we are addressing the gaps that exist as patients receive necessary care and services and we can't accomplish this alone."

The three-year $1.07 million project, which is funded by the Canadian Partnership Against Cancer, will see the partners review current cancer surveillance systems and best practices that will help determine a method for identifying Status First Nations and Métis peoples within the healthcare system. The initiative will include creating a framework for the use of data to support care and then piloting it in the English River First Nation Health Clinic, Ochapowace First Nation, Battle River Treaty 6 Health Centre and select rural and remote Métis communities.

"Advancing cancer control with and for First Nations, Inuit and Métis communities is a priority for the Canadian Partnership Against Cancer," said Lee Fairclough, VP, Strategy, Knowledge Management and Delivery at the Canadian Partnership Against Cancer in a news release. "Initiatives like this one are intended to improve how we provide care in a culturally responsive and safe way. It will be very rewarding to see the impact of this work in Saskatchewan and across Canada."

Better Teams: Improving the Client, Patient and Family Experience

Saskatchewan is one of nine jurisdictions working with the Canadian Partnership Against Cancer to improve the quality of the cancer journey for First Nations, Inuit and Métis patients. In Saskatchewan the focus is on residents of rural, remote and isolated communities.

"Together with our partners from FSIN and the Cancer Agency we felt it was important that we create a plan to address the issues and the overall health of our peoples," said Sandra Youngchief, Director of Health for Métis Nation-Saskatchewan in a news release from March 2014. "Our goal is to reduce the burden of cancer in First Nations and Métis people in Saskatchewan by creating a surveillance system that will achieve the best outcomes and effectively advance cancer control."

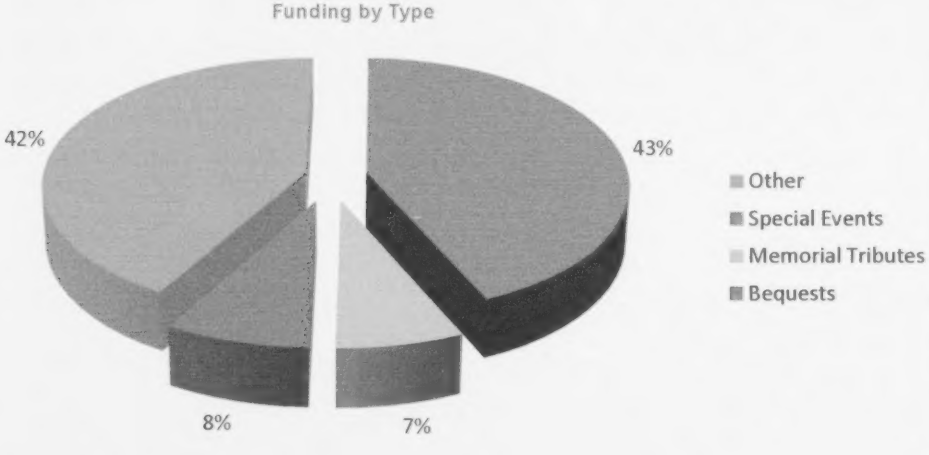
"Effective cancer surveillance is essential to monitoring population health and planning appropriate programs and services," said Riaz Alvi, director of Epidemiology and Performance Measurement for the Saskatchewan Cancer Agency. "By hearing directly from First Nations and Métis people about what they need and want, we can create a surveillance system that helps us to deliver information that is specific and valuable to these populations."

This really has been a year about improving access, quality and safety, increasing knowledge and awareness of prevention and early detection, of listening to our patients and families and working on building relationships with others to help us in our work in cancer control for Saskatchewan.

PARTNERS IN CARE: FUNDRAISERS

"Our donors are also supportive of our work and we could not make the kind of difference we do without their assistance. Whether that is in breast cancer research or purchasing different types of equipment, they are important to the work we do in cancer control," Livingstone stressed.

In 2013-14 the Agency had 4,873 donors and received 5,549 gifts/donations. The Cancer Agency receives approximately $2 million in donations annually.



Since 2007 the annual Choc'laCure gala in Saskatoon has raised more than $1.35 million in support of the Saskatchewan Cancer Agency.

Progress by the Numbers

Clinical Services	Allan Blair Cancer Centre		Saskatoon Cancer Centre		Provincial Total	
	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14
Number of New Patient Appointments						
- Medical oncology	1,491	1,635	1,434	1,564	2,925	3,199
- Radiation oncology	1,313	1,302	1,371	1,433	2,684	2,735
- Pediatric oncology	22	16	16	26	38	42
- Hematology	186	187	349	250	535	437
Number of Review Patient Appointments						
- Systemic oncology	14,746	15,781	9,417	16,060	24,163	31,841
- Radiation oncology	4,355	4,611	6,150	6,527	10,505	11,138
- Pediatric oncology	632	893	1,077	1,211	1,709	2,104
Radiation Therapy Workload Statistics						
- Treatment sessions started	928	908	1,001	1,016	1,929	1,924
- Fractions (number of treatment sessions)	17,938	16,891	20,025	19,492	37,693	36,383
- Fields (number of beams delivered)	89,146	93,813	92,850	89,488	181,996	183,301

Access	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14
Number of Days Between Referral and First Appointment (90th percentile)								
- Medical oncology	56	57	55	55	67	70	63	72
- Radiation oncology	41	38	52	42	42	46	59	49
Number of Days Between Ready to Treat and First Treatment (90th percentile)								
- Chemotherapy	13	11	13	13	13	14	13	15
- Radiation therapy	14	18	15	14	18	14	18	17

Stem Cell Transplants	2012/13	2013/14
Number of allogeneic transplants	23	22
Number of autologous transplants	30	44
Number of patients sent out of province	2	4

Progress by the Numbers

Pharmacy Services	2012/13	2013/14
Number of Oral Prescriptions Processed		
- Allan Blair Cancer Centre	22,857	30,240
- Saskatoon Cancer Centre	29,601	37,363
- Provincial	52,458	67,603
Number of IV Medications - Inpatient		
- Allan Blair Cancer Centre	3,388	3,555
- Saskatoon Cancer Centre	1,760	2,665
- Provincial	5,148	6,220
Number of IV Medications - Outpatient		
- Allan Blair Cancer Centre	22,047	22,927
- Saskatoon Cancer Centre	21,933	23,869
- Provincial	43,980	46,796
Number of COPS Orders Dispensed		
- Through the Allan Blair Cancer Centre	4,908	4,714
- Through Saskatoon Cancer Centre	3,883	4,108
- Provincial	8,791	8,822

Clinical Trials	2012/13	2013/14
Per cent of patients screened for clinical trials eligibility	97%	Not available
Per cent of new patients enrolled	5%	3.1%

Community Oncology Program of Saskatchewan	2012/13	2013/14
Number of patients	1,564	1,713
Number of treatment visits	8,576	10,928
Number of kilometres saved in patient travel	5,640,000	7,221,900

Number of Influenza Vaccines	2012/13	2013/14
Patients	797	593
Family and caregivers	489	315

Safety	2012/13	2013/14
Sick leave hours per FTE	64.19	61.07
Wage-driven premium hours per FTE	18.26	21.40
Lost time workplace injuries per 100 FTEs	.71	1.01

Progress by the Numbers

Screening Program for Breast Cancer	Number of Screens 2012/13	Number of Screens 2013/14
Mobile unit	6,136	8,390
Regina centre	10,699	11,488
Saskatoon centre	8,846	8,445
Satellite centres (Moose Jaw, Yorkton, Swift Current, Prince Albert, North Battleford, Lloydminster)	10,995	10,744
Total	36,676	39,067
Participation rate - overall (2009/10)	46.15%	40.7%

Prevention Program for Cervical Cancer	2012/13	2013/14
Invitations (21 year olds)	7,775	8,389
Recall letters (one, two and three-year intervals)	88,260	162,962
Participation rate	59.17%	57.8%

Screening Program for Colorectal Cancer	April 2011-March 2013	April 2012- March 2014
Number of people who have completed at least one FIT	51,892	110,537
Participation rate - overall	18.1%	37.9%
Participation rate - northern health regions	25.4%	29.5%
FIT positivity rate	7.4%	7.9%

Agency-Funded Research Grants	Researcher	Award Period	Total Amount Awarded	2013/14 Amount Awarded
Adoptive TNF-a transgene-engineered CD8+ T cell therapy of Trastuzumab-resistant HER-2/neu-positive breast cancer	Dr. Jim Xiang	April 1, 2012 - March 31, 2014	$197,912	$99,456
Development and application of novel detector technologies in small field, stereotactic radiosurgery and stereotectic body radiotherapy dosimetry	Dr. Gavin Cranmer-Sargison	April 1, 2012 - March 31, 2014	$36,389	$18,443
Trafficking of EGFR/ErbB2 receptors in breast cancer cells	Dr. Deborah Anderson	April 1, 2012 - March 31, 2014	$200,000	$100,000
Regulation of FRK expression in breast cancer cells and tumors	Dr. Keith Bonham	April 1, 2013 - March 31, 2015	$200,000	$100,000
A novel grafting strategy to construct antibodies targeting EGFR, HER2 & HER3 as therapeutics for triple negative and HER2 positive breast cancers	Dr. John DeCoteau	April 1, 2013 - March 31, 2015	$200,000	$100,000
Mini beam radiation treatment of brain tumor with high energy photons using linear accelerator	Dr. Vijayanada Kundapur	April 1, 2013 - March 31, 2015	$169,093	$69,556

Agency-Funded Postdoctoral Fellowships	Researcher	Award Period	Total Amount Awarded	2013/14 Amount Awarded
Regulation of EGFR signaling and trafficking by p85 in breast cancer	Dr. Alison Ward	April 1, 2012 - March 31, 2014	$80,000	$40,000
Novel T cell-based vaccine stimulates CTL responses in double transgenic HER-2/HLA-A2 mice and eradicates trastuzumab breast cancer in athymic nude mice	Dr. Yufeng Xie	April 1, 2013 - March 31, 2015	$90,000	$45,000

Financial Summary

In 2013-14 the Saskatchewan Cancer Agency's Operating Fund received revenues of $153.4 million and incurred expenditures of $146.5 million resulting in an excess of revenues over expenses of $6.9 million. The positive financial position was mainly the result of less than anticipated drug and medical supply expenditures of $2.5 million and vacancy savings in salaries of $3.6 million (approximately $2.3 million related to hard to recruit clinical staff).

As in past years, several variables have an impact on the cost of drugs including availability of the product, the timing of the implementation of new drug programs, the number of oncologists prescribing the drugs, and the variable types of cancer cases seen and the treatment options delivered. In particular in 2013-14, the Agency funded fourteen new drug programs recommended by the pan-Canadian Oncology Drug Review (pCODR). These drugs were subject to national pricing negotiation and group buying resulting in significant savings for oncology drugs. This cost sustainability strategy is expected to continue in future years and expand into other related areas.

The other main source of savings came from staff vacancies mostly due to the timing of recruitment. By March 31, 2014 most of the clinical staff vacancies were recruited with start dates determined for 2014-15. Demand for oncology clinical resources will continue to grow world-wide as both cancer incidence and prevalence grow based on demographics and more effective treatment options.

As patients are living longer with cancer, associated increased workloads and expanding services continue to result in significant space pressures, particularly at our two cancer clinics. In 2013-14 began the process of high level facility planning in order to renovate the Saskatoon Cancer Center, using innovative planning methods and tools to maximize the use of the space. This planning will continue through 2014-15. A significant capital investment will be required to support this initiative in future years.

The 2013-14 Agency budget increase of $11.99 million included $3.9 million for the annualization of costs for the ratification of a new collective agreement between the Saskatchewan Cancer Agency and the Saskatchewan Government Employees' Union in October 2012. All retroactive compensation was paid out to employees in the previous fiscal year.

Advances in treatment and technology continue to emerge, which creates pressure to acquire new equipment. We monitor our equipment needs, allocate capital funding to high priority areas and communicate additional funding requirements to the Ministry of Health through the annual planning processes.

In 2012-13 the Agency made a significant capital investment at the Allan Blair Cancer Clinic in Regina by completing a renovation of the pharmacy. In Saskatoon, a new linear accelerator became operational for patients in the fall of 2013. In addition, the Agency upgraded its quality assurance program for our linear accelerators supporting enhanced safety for patients receiving treatment on this equipment.

The Agency's operations continue to be heavily dependent on equipment and technology. It is important that our equipment remain current and be replaced at the end of its expected useful life to avoid the risk of equipment failure and technological obsolescence. Service contracts and in-house staff are used to maintain the equipment and maximize its useful life. Contingency plans have also been developed in the event of prolonged breakdown of the equipment.

Management Report

The accompanying financial statements are the responsibility of management and have been approved by the Agency's Board of Directors. The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and, of necessity, include some amounts that are based on estimates and judgments. The financial information presented in the Financial Summary and elsewhere in this report is consistent with that in the financial statements.

Management maintains an appropriate system of internal control, including policies and procedures, which provide reasonable assurances that the Agency's assets are safeguarded and that financial records are relevant and reliable.

The Board of Directors carries out its responsibility for the financial statements and for overseeing management's financial reporting responsibilities by meeting with management to discuss and review financial matters. The Provincial Auditor of Saskatchewan has full and open access to the Board of Directors.

The Provincial Auditor of Saskatchewan conducts an independent audit of the financial statements. Their examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures which allow them to report on the fairness of the financial statements. The Auditor's Report outlines the scope of their audit and their opinion.

On behalf of management,

Scott Livingstone
President and Chief Executive Officer

Michele Arscott, CA
Chief Financial Officer and Vice President, Corporate Services

May 21, 2014

Independent Auditor's Report

PROVINCIAL AUDITOR
of Saskatchewan

INDEPENDENT AUDITOR'S REPORT

To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of the Saskatchewan Cancer Agency, which comprise the statement of financial position as at March 31, 2014, and the statement of operations, statement of changes in fund balances and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations for Treasury Board's approval, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of the Saskatchewan Cancer Agency as at March 31, 2014, and the results of its operations and cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

Judy Ferguson

Regina, Saskatchewan
May 21, 2014

Judy Ferguson, FCA
Acting Provincial Auditor

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Statement 1

SASKATCHEWAN CANCER AGENCY
STATEMENT OF FINANCIAL POSITION
As at March 31

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Research Fund	Restricted Funds: Trust Fund	March 31, 2014	March 31, 2013 Note 14
ASSETS						
Current Assets						
Cash and short-term investments (Schedule 1)	$ 6,191,330	$ 5,320,037	$ 178,264	$ 4,779,873	$ 16,469,504	$ 19,965,355
Accounts receivable:						
- Ministry of Health - General Revenue Fund	359,930	—	—	—	359,930	371,773
- Other	3,155,119	15,601	—	17,492	3,188,212	1,715,171
Inventory	7,224,090	—	—	—	7,224,090	5,341,452
Prepaid expenses	973,248	—	—	2,772	976,020	473,983
Due (to) from other funds	469,046	(434,045)	(13,540)	(21,461)	—	—
	18,372,763	4,901,593	164,724	4,778,676	28,217,756	27,867,734
Investments (Schedule 1)	4,462,165	1,434,712	—	1,446,387	7,343,264	7,386,576
Capital assets (Note 4)	—	24,292,692	—	—	24,292,692	21,421,848
Total Assets	$ 22,834,928	$ 30,628,997	$ 164,724	$ 6,225,063	$ 59,853,712	$ 56,676,158
LIABILITIES & FUND BALANCE						
Current Liabilities						
Accounts payable	$ 5,073,998	$ 66,872	$ —	$ 195,058	$ 5,335,928	$ 5,982,739
Accrued salaries (Note 13)	2,094,880	—	—	556	2,095,436	1,775,410
Vacation payable	1,559,387	—	—	2,125	1,561,512	1,550,579
Deferred revenue (Note 7)	3,312,050	—	—	—	3,312,050	3,437,966
	12,040,315	66,872	—	197,739	12,304,926	12,746,694
Long-Term Liabilities						
Employee future benefits (Note 9)	2,194,500	—	—	—	2,194,500	2,095,700
Total Liabilities	14,234,815	66,872	—	197,739	14,499,426	14,842,394
Fund Balances						
Invested in capital assets	—	24,292,692	—	—	24,292,692	21,421,848
Externally restricted (Schedule 2)	—	1,233,409	164,724	4,712,622	6,110,755	8,941,681
Internally restricted (Schedule 3)	8,600,113	5,036,024	—	1,314,702	14,950,839	11,470,235
Fund balances	8,600,113	30,562,125	164,724	6,027,324	45,354,286	41,833,764
Total Liabilities & Fund Balance	$ 22,834,928	$ 30,628,997	$ 164,724	$ 6,225,063	$ 59,853,712	$ 56,676,158

J Stewart McMillan

Dr. Stewart McMillan
Board Chair
Saskatchewan Cancer Agency

Howard Crofts

Howard Crofts, FCA
Audit Committee Chair
Saskatchewan Cancer Agency

(The accompanying notes and schedules are part of these financial statements.)

Statement 2

SASKATCHEWAN CANCER AGENCY
STATEMENT OF OPERATIONS
For the Year Ended March 31

	Operating Fund		Restricted Funds				
	Total 2014	Total 2013 Note 14	Capital Fund 2014	Research Fund 2014	Trust Fund 2014	Total 2014	Total 2013 Note 14
REVENUES							
Ministry of Health – General Revenue Fund	$ 150,205,801	$ 138,524,266	$ 80,000	$ —	$ —	$ 80,000	$ 80,000
Grants	683,439	758,082	—	—	—	—	—
Donations and bequests	—	—	—	—	2,022,679	2,022,679	2,003,978
Investment income	237,754	58,970	145,170	1,061	83,477	229,708	169,215
Other revenues	2,254,523	1,722,814	—	—	—	—	—
	153,381,517	141,064,132	225,170	1,061	2,106,156	2,332,387	2,253,193
EXPENSES							
Salaries and employee benefits	75,365,310	69,747,977	—	—	203,471	203,471	136,245
Drugs and medical supplies	51,548,519	48,132,921	—	—	—	—	—
Purchased services	2,337,247	2,425,029	—	—	—	—	—
Other expenses	17,214,991	14,977,266	—	—	598,954	598,954	488,312
Research grants (Schedule 4)	—	—	—	581,683	—	581,683	620,774
Amortization	—	—	4,275,846	—	—	4,275,846	4,734,741
Loss/(gain) on disposal of capital assets	—	—	67,361	—	—	67,361	1,596,027
	146,466,067	135,283,193	4,343,207	581,683	802,425	5,727,315	7,576,099
Excess (deficiency) of revenues over expenses	$ 6,915,450	$ 5,780,939	$(4,118,037)	$ (580,622)	$ 1,303,731	$ (3,394,928)	$ (5,322,906)

(The accompanying notes and schedules are part of these financial statements.)

Statement 3

SASKATCHEWAN CANCER AGENCY
STATEMENT OF CHANGES IN FUND BALANCES
For the Year Ended March 31

2014	Operating Fund	Capital Fund	Research Fund	Trust Fund	Total
Fund balance, beginning of year	$ 1,784,663	$ 34,273,859	$ 72,891	$ 5,702,351	$ 41,833,764
Excess (deficiency) of revenues over expenses	6,915,450	(4,118,037)	(580,622)	1,303,731	3,520,522
Interfund transfers (Note 8)	(100,000)	406,303	672,455	(978,758)	---
Fund balance, end of year	$ 8,600,113	$ 30,562,125	$ 164,724	$ 6,027,324	$ 45,354,286

2013	Operating Fund	Capital Fund	Research Fund	Trust Fund	Total
					Note 14
Fund balance, beginning of year	$ 1,003,724	$ 35,158,786	$ 144,094	$ 5,069,127	$ 41,375,731
Excess (deficiency) of revenues over expenses	5,780,939	(6,137,954)	(619,401)	1,434,449	458,033
Interfund transfers (Note 8)	(5,000,000)	5,253,027	548,198	(801,225)	---
Fund balance, end of year	$ 1,784,663	$ 34,273,859	$ 72,891	$ 5,702,351	$ 41,833,764

(The accompanying notes and schedules are part of these financial statements.)

Statement 4

SASKATCHEWAN CANCER AGENCY
STATEMENT OF CASH FLOWS
For the Year Ended March 31

	Operating Fund		Restricted Funds				
	Total 2014	Total 2013 Note 14	Capital Fund 2014	Research Fund 2014	Trust Fund 2014	Total 2014	Total 2013 Note 14
Cash provided by (used in):							
Operating activities:							
Excess (deficiency) of revenues over expenses	$ 6,915,450	$ 5,780,939	$ (4,118,037)	$ (580,622)	$ 1,303,731	$ (3,394,928)	$ (5,322,906)
Net change in non-cash working capital (Note 3)	(9,609,692)	1,188,406	5,384,659	(37,237)	116,742	5,464,164	2,873,897
Amortization of capital assets	—	—	4,275,846	—	—	4,275,846	4,734,741
Loss/(gain) on disposal of capital assets	—	—	67,361	—	—	67,361	1,596,027
	(2,694,242)	6,969,345	5,609,829	(617,859)	1,420,473	6,412,443	3,881,759
Capital activities:							
Purchase of capital assets							
Building/construction/land	—	—	(483,558)	—	—	(483,558)	(1,130,102)
Leasehold improvements	—	—	(1,156,599)	—	—	(1,156,599)	(265,114)
Equipment	—	—	(5,583,895)	—	—	(5,583,895)	(2,592,504)
Proceeds on disposal of capital assets							
Equipment	—	—	10,000	—	—	10,000	—
	—	—	(7,214,052)	—	—	(7,214,052)	(3,987,720)
Investing activities:							
Disposal of investments	—	(2,930)	—	—	—	—	234,982
	—	(2,930)	—	—	—	—	234,982
Net increase (decrease) in cash and short-term investments during the year	(2,694,242)	6,966,415	(1,604,223)	(617,859)	1,420,473	(801,609)	129,021
Cash and short-term investments, beginning of year	8,985,572	7,019,157	6,517,957	123,668	4,338,158	10,979,783	5,850,762
Interfund transfers (Note 8)	(100,000)	(5,000,000)	406,303	672,455	(978,758)	100,000	5,000,000
Cash and short-term investments, end of year	$ 6,191,330	$ 8,985,572	$ 5,320,037	$ 178,264	$ 4,779,873	$ 10,278,174	$ 10,979,783
Amounts in cash balances:							
Cash and short-term investments	$ 6,191,330	$ 8,985,572	$ 5,320,037	$ 178,264	$ 4,779,873	$ 10,278,174	$ 10,979,783

(The accompanying notes and schedules are part of these financial statements.)

SASKATCHEWAN CANCER AGENCY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2014

1. Legislative Authority

The Saskatchewan Cancer Foundation commenced operations on August 1, 1979 under the provisions of *The Cancer Foundation Act*. Effective January 2, 2007, it continued as a corporation under the name of the Saskatchewan Cancer Agency (Agency), pursuant to *The Cancer Agency Act*. The Agency is responsible for the planning, organization, delivery and evaluation of cancer care services throughout Saskatchewan in collaboration with regional health authorities and health care organizations.

The Agency is a non-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government.

2. Significant Accounting Policies

The Agency is classified as a government not-for-profit organization. These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board and published by the Chartered Professional Accountants of Canada (CPA Canada). The Agency has adopted the standards for government not-for-profit organizations, as set forth at PSA Handbook Section PS 4200 to PS 4270.

a) Fund Accounting

The accounts of the Agency are maintained in accordance with the restricted fund method of accounting. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The Operating Fund reflects the primary operations of the Agency including contributions from the Ministry of Health - General Revenue Fund for the provision of health services. Other revenues consist of recoveries, ancillary revenue and billings to patients and other organizations.

ii) Capital Fund

The Capital Fund is a restricted fund that reflects the equity of the Agency in capital assets. The Capital Fund includes contributions from the Ministry of Health - General Revenue Fund designated for construction of capital projects and the acquisition of capital equipment. Expenses consist primarily of amortization of capital assets.

iii) Research Fund

The Research Fund is a restricted fund that supports the awarding of cancer research grants. The Research Fund includes contributions from research donations transferred from the Trust Fund and investment income of the Research Fund.

iv) Trust Fund

The Trust Fund is a restricted fund that accepts donations and contributions designated by the contributors to be used for such purposes as cancer research, equipment and library books. The Agency maintains a record of the funds contributed and spent for each of the designated purposes until such funds are fully utilized. Trust funds are managed under four principles – Transparency, Accountability, Stewardship and Controls on Authorization.

b) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized in the year as revenue of the appropriate restricted fund.

c) Investments

Long-term investments are recorded at par value plus or minus the amortization of premium or discount remaining in the life of the bond. Short-term investments are recorded at fair value.

d) Inventory

Inventory consists of chemotherapy drugs valued at cost as determined using the average cost method.

e) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	20 years
Leasehold improvements	3-20 years
Equipment and furniture	4-15 years

Donated capital assets are recorded at their fair value at the date of contribution if readily determinable, otherwise they are recorded at nominal value.

f) Asset Retirement Obligations

Asset retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

g) Employer Future Benefits

i. Pension plan:

Employees of the Agency participate in a multi-employer defined benefit pension plan or a multi-employer defined contribution plan. The Agency follows defined contribution plan accounting for its participation in these plans. Accordingly, the Agency expenses all contributions it is required to make in the year.

ii. Accumulated sick leave benefit liability:

The Agency provides sick leave benefits for employees that accumulate but do not vest. The Agency recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses, and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

i) Financial Instruments

Cash, short-term investments, accounts receivable, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these financial instruments are recognized in the Statement of Operations. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price.

Long-term investments are valued at par value plus or minus the amortization of premium or discount remaining in the life of the bond. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2014 (2013 – none), the Agency does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

3. Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Funds				
	2014	2013 Note 14	Capital Fund	Research Fund	Trust Fund	Total 2014	Total 2013 Note 14
(Increase) decrease in accounts receivable	$ (1,461,495)	$ 1,097,224	$ (2)	$ -	$ 299	$ 297	$ 4,039,873
(Increase) in inventory	(1,882,638)	(975,693)	-	-	-	-	-
(Increase) decrease in prepaid expenses	(502,682)	(62,807)	-	-	645	645	1,118
(Increase) decrease in due (to) from other funds	(5,450,632)	678,127	5,555,352	(32,040)	(72,680)	5,450,632	(678,127)
(Increase) decrease in financial instruments	14,312	66,278	15,996	-	13,004	29,000	62,873
Increase (decrease) in accounts payable	(631,824)	1,918,252	(186,687)	(2,490)	174,191	(14,986)	(555,657)
Increase (decrease) in accrued salaries	319,470	(1,731,230)	-	-	556	556	-
Increase (decrease) in vacation payable	12,913	152,335	-	(2,707)	727	(1,980)	3,817
Increase (decrease) in deferred revenue	(125,916)	(44,280)	-	-	-	-	-
Increase in employee future benefits	98,800	90,200	-	-	-	-	-
	$ (9,609,692)	$ 1,188,406	$ 5,384,659	$ (37,237)	$ 116,742	$ 5,464,164	$ 2,873,897

4. Capital Assets

	March 31, 2014			March 31, 2013
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land and Improvements	$ 280,297	$ —	$ 280,297	$ 280,297
Buildings	23,861,422	19,754,976	4,106,446	3,842,384
Leasehold Improvements	14,886,993	10,466,950	4,420,043	4,140,344
Equipment and Furniture	38,868,255	23,382,349	15,485,906	13,158,823
	$ 77,896,967	$ 53,604,275	$ 24,292,692	$ 21,421,848

Work in progress amount included in the assets above is $128,182 (2013 - $1,756,031). This amount was not amortized in 2013/14.

5. Contractual Obligations

a) Capital Assets Acquisitions

At March 31, 2014, contractual obligations for acquisition of capital assets are $0 (2013 - $5,107,937).

b) Operating Leases

Minimum annual payments under operating leases on property over the next five years are as follows:

2015	$ 1,055,501
2016	1,606,189
2017	1,415,425
2018	1,469,001
2019	1,434,744

c) Asset Retirement Obligations

The Agency does not have any significant liability for asset retirement obligations. Asset retirement costs for the organization are associated with the removal of radiation sources from the Cancer Centres. As these costs are not significant, they will be expensed in the period in which they are incurred.

d) Contracted Health Services Operators

The Agency continues to contract on an ongoing basis with the health regions to provide some services such as lab tests, diagnostic radiology and housekeeping and maintenance services. In the year ended March 31, 2014, the Agency contracted services amounting to $7,664,960 (2013 - $6,626,974).

6. Cancer Patient Lodges

The Canadian Cancer Society, Saskatchewan Division (Society), previously donated two cancer patient lodges in the Province to the Agency. Under the terms of an agreement with the Society, the Agency has assumed responsibility for the operations of these lodges. Title to the properties will remain with the Agency so long as they are operated as cancer patient lodges. If the Agency ceases to use the buildings as patient lodges, title of those buildings will be transferred to the Society without charge.

7. Deferred Revenue

As at March 31, 2014	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Ministry of Health Initiatives				
Ministry of Health - General Revenue Fund				
- Aboriginal awareness training	$ 29,889	$ 1,290	$ —	$ 28,599
- Professional development initiatives	2,702	—	—	2,702
- Quality workplace initiatives	12,127	12,127	—	—
- Colorectal screening initiatives	984,272	134,400	—	849,872
- Drug funding	2,178,960	—	21,790	2,200,750
- Infection control	56,000	—	—	56,000
- SunSmart initiatives	—	—	39,640	39,640
- Lymphedema education	76,398	39,464	—	36,934
Total Ministry of Health Initiatives	**3,340,348**	**187,281**	**61,430**	**3,214,497**
Non-Ministry of Health Initiatives				
Other revenue received in advance	97,618	65	—	97,553
Total Non-Ministry of Health Initiatives	**97,618**	**65**	**—**	**97,553**
Total Deferred Revenue	**$ 3,437,966**	**$ 187,346**	**$ 61,430**	**$ 3,312,050**

As at March 31, 2013	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Ministry of Health Initiatives				
Ministry of Health - General Revenue Fund				
- Aboriginal awareness training	$ 32,460	$ 2,571	$ ---	$ 29,889
- Professional development initiatives	5,095	2,393	---	2,702
- Quality workplace initiatives	36,736	24,609	---	12,127
- Colorectal screening initiatives	984,272	---	---	984,272
- Drug funding	2,157,386	---	21,574	2,178,960
- Infection control	56,000	---	---	56,000
- Lymphedema education	100,000	23,602	---	76,398
Total Ministry of Health Initiatives	**3,371,949**	**53,175**	**21,574**	**3,340,348**
Non-Ministry of Health Initiatives				
Other revenue received in advance	110,297	12,679	---	97,618
Total Non-Ministry of Health Initiatives	**110,297**	**12,679**	**---**	**97,618**
Total Deferred Revenue	**$ 3,482,246**	**$ 65,854**	**$ 21,574**	**$ 3,437,966**

8. Interfund Transfers

Each year the Agency transfers amounts between its funds for various purposes. These include funding current and future capital asset purchases, research grants and reassigning fund balances to support certain activities.

	2014			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ ---	$ 406,303	$ ---	$ (406,303)
Research grants	(100,000)	---	672,455	(572,455)
Total	$ (100,000)	$ 406,303	$ 672,455	$ (978,758)

	2013			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ (5,000,000)	$ 5,253,027	$ ---	$ (253,027)
Research grants	---	---	548,198	(548,198)
Total	$ (5,000,000)	$ 5,253,027	$ 548,198	$ (801,225)

9. Employer Future Benefits

a) Pension Plan

Employees of the Agency participate in one of the following pension plans:

1. Public Employees' Pension Plan (PEPP) (a related party) is a defined contribution pension plan. The Province of Saskatchewan is responsible for the plan. The Agency's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services. Pension expense for the year is included in salaries and employee benefits in Schedule 5.

2. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Shared Services Saskatchewan (3s Health) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. The Agency's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services. Pension expense for the year is included in salaries and benefits in Schedule 5.

	2014			2013
	SHEPP	PEPP	Total	Total
Number of active members	55	660	715	666
Member contribution rate, percentage of salary	7.7%-10%	7.25%		
SCA contribution rate, percentage of salary	8.62% -11.2%	7.25%		
Member contributions (thousands of dollars)	300	3,137	3,437	3,278
SCA contributions (thousands of dollars)	345	3,175	3,520	3,246

Note: Active members are employees of the Agency, including those on leave of absence as of March 31, 2014. Inactive members are not reported by the Agency.

b) Accumulated Sick Leave Benefit Liability

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The Agency has completed an actuarial valuation as of March 31, 2013 with an estimated valuation to March 31, 2014. Key assumptions used as inputs into the actuarial calculation are as follows:

	2014	2013
Discount rate (per annum)	2.50%	2.75%
Percentage earnings increase (per annum)		
For ages 15 to 29	2.00%	2.00%
For ages 30 to 39	1.50%	1.50%
For ages 40 to 49	1.00%	1.00%
For ages 50 to 59	0.50%	0.50%
For ages 60 and over	0.00%	0.00%
Termination rates (sample rates)		
Age 20	0.119	0.119
Age 25	0.084	0.084
Age 30	0.056	0.056
Age 35	0.045	0.045
Age 40	0.035	0.035
Age 45	0.030	0.030
Age 50	0.025	0.025
Age 55	0.015	0.015
Age 60	0.010	0.010

	2014	2013
Accrued benefit obligation, beginning of year	$ 2,095,700	$ 2,005,500
Cost for the year	405,500	393,900
Benefits paid during the year	(306,700)	(303,700)
Accrued benefit obligation, end of year	$ 2,194,500	$ 2,095,700

10. Related Party Transactions

These financial statements include transactions with related parties. The Agency is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Agency is also related to non-Crown enterprises that the Government jointly controls or significantly influences.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. Drugs and purchased hospital services acquired from related parties are recorded at rates agreed to by the related parties.

Other routine operating transactions with related parties are recorded at agreed upon rates charged by those organizations and are settled on normal trade terms.

	2014	2013
Expenses		
Regina Qu'Appelle Regional Health Authority	$ 2,734,998	$ 2,778,594
Saskatoon Regional Health Authority	4,555,483	3,429,586
Public Employees Pension Plan	3,174,887	2,955,154
3S Health	1,997,676	1,752,830
Other related parties	3,920,809	4,308,441
Total related party expenses	$ 16,383,853	$ 15,224,605
Prepaid Expenses		
Other related parties	$ 179,769	$ 115,434
Total related party prepaid expenses	$ 179,769	$ 115,434
Accounts Payable		
Regina Qu'Appelle Regional Health Authority	$ 262,673	$ 278,082
Saskatoon Regional Health Authority	1,342,812	390,180
Other related parties	1,171,430	937,030
Total related party payable	$ 2,776,915	$ 1,605,292

In addition, the Agency pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

The building premises occupied by the Allan Blair Cancer Centre are leased from the Regina Qu'Appelle Health Region for $1 per year, including a portion of occupancy costs. The Saskatoon Cancer Centre building owned by the Agency is situated on land owned by the University of Saskatchewan. The Agency is not charged for the use of this land.

11. Financial Instruments

a) Significant Terms and Conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for other financial instruments are disclosed separately in these financial statements.

b) Financial Risk Management

The Board ensures that the Agency has identified its major risks and ensures that management monitors and controls them. The Board oversees the Agency's systems and practices of internal control and ensures that these controls contribute to the assessment and mitigation of risk.

The Agency has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

c) Credit Risk

The Agency is exposed to credit risk from potential non-payment of accounts receivable. The majority of the Agency's receivables are from Saskatchewan Health – General Revenue Fund, other government organizations or suppliers with which the Agency has ongoing contractual relations. The Agency is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2014	2013
		Note 14
Cash and short-term investments	$ 16,469,504	$ 19,965,355
Accounts receivable		
Ministry of Health – General Revenue Fund	359,930	371,773
Other	3,188,212	1,715,171
Investments	7,343,264	7,386,576
	$ 27,360,910	$ 29,438,875

The Agency manages its credit risk surrounding cash and short-term investments by dealing solely with reputable banks and financial institutions and using an investment policy to guide their investment decisions. The Agency invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) Market Risk

Market risk is the risk that market prices, such as foreign exchange rates or interest rates, will affect the Agency's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The Agency operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the Agency. The Agency believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the Agency to cash flow interest rate risk. The Agency's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

As of March 31, 2014, had prevailing interest rates increased or decreased by 1%, assuming a parallel shift in the yield curve, with all other variables held constant, the Agency's financial instruments would have decreased or increased by approximately $273,973 (2013 - $281,610), approximately 3.7% of the value of investments (2013 – 3.6%).

(iii) Liquidity risk:

Liquidity risk is the risk that the Agency will not be able to meet its financial obligations as they become due. The Agency manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and from anticipated investing and financing activities.

At March 31, 2014, the Agency has a cash balance of $16,469,504 (2013-$19,965,355).

(iv) Fair value:

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- Cash and short-term investments are recorded at fair value as disclosed in Schedule 1, determined using quoted market prices.
- Long-term investments are recorded at par value plus or minus the amortization of premium or discount remaining in the life of the bond, as disclosed in Schedule 1.

Determination of fair value:

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

12. Budget

Schedule 5 compares actual results to the 2013-14 budget plan approved by the Agency's Board of Directors on June 20, 2013.

13. Pay for Performance

Effective April 1, 2011, a pay for performance compensation plan was introduced. Amounts over 90% of base salary are considered lump sum performance adjustments. Senior employees are eligible to earn lump sum performance adjustments up to 110% of their base salary. During the year, senior employees are paid 90% of current year base salary and lump sum performance adjustments related to the previous fiscal year. At March 31, 2014, lump sum performance adjustments relating to 2013-14 have not been determined as information required to assess senior employees' performance is not yet available. An estimate of the pay for performance amounts has been accrued at March 31, 2014 and is included in the 2013-14 salary expense.

14. Change in Accounting Policy

The Agency has changed its accounting policy for recording long-term investments from fair value to amortized cost and has applied this policy retroactively. This resulted in the following changes to prior year balances – investments decreased $437,328, excess (deficiency) of revenues over expenses decreased $50,126 and fund balances decreased $437,328 overall.

Schedule 1

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF INVESTMENTS
As at March 31, 2014

	Par Value	Maturity Date	Effective Rate	Coupon Rate
Restricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	$ 10,278,174	—	1.00%	—
Long-term investments:				
Bank of Nova Scotia GIC	250,000	10/23/14	3.20%	3.20%
Manulife GIC	250,000	10/23/14	3.25%	3.25%
Province of Manitoba Bond	929,282	12/03/14	3.19%	4.80%
Province of Manitoba Bond	463,629	12/03/14	3.19%	4.80%
Province of Ontario Bond	505,430	03/08/16	3.78%	4.40%
Royal Bank of Canada Bond	482,758	01/11/16	1.75%	3.36%
	2,881,099			
Total restricted investments	$ 13,159,273			
Unrestricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	$ 6,191,330	—	1.00%	—
Long-term investments:				
Royal Bank of Canada Bond	500,975	06/05/14	4.59%	4.97%
Royal Bank of Canada Bond	453,585	06/05/14	3.08%	4.97%
Province of Ontario Bond	504,210	03/08/15	3.55%	4.50%
Province of New Brunswick Bond	999,370	12/03/15	4.42%	4.30%
Province of Saskatchewan Savings Bond	1,504,025	08/23/16	4.42%	4.50%
Bank of Nova Scotia GIC	500,000	07/25/16	2.20%	2.20%
	4,462,165			
Total unrestricted investments	$ 10,653,495			
Restricted & Unrestricted Totals				
Total cash and short-term investments	$ 16,469,504			
Total long-term investments	7,343,264			
Total Investments	$ 23,812,768			

Schedule 2

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2014

Restriction	Balance Beginning of Year	Investment and Other Revenue	Expenses	Transfers & Other	Balance End of Year
	Note 14				
Capital Fund	$ 4,274,615	$ 235,170	$ (3,276,376)	$ —	$ 1,233,409
Research Fund	72,891	1,061	(581,683)	672,455	164,724
Trust Fund	4,594,175	1,533,542	(473,235)	(941,860)	4,712,622
Total	$ 8,941,681	$ 1,769,773	$ (4,331,294)	$ (269,405)	$ 6,110,755

Schedule 3

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF INTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2014

Restriction	Balance Beginning of Year	Investment and Other Revenue	Expenses	Transfers & Other	Balance End of Year
	Note 14				
Contingency Reserve[1]	$ 1,784,663	$ —	$ —	$ 6,815,450	$ 8,600,113
CMS Reserve[2]	329,405	—	—	(329,405)	—
Capital Fund	8,247,991	—	(3,541,372)	329,405	5,036,024
Trust Fund	1,108,176	572,614	(329,190)	(36,898)	1,314,702
Total	$ 11,470,235	$ 572,614	$ (3,870,562)	$ 6,778,552	$ 14,950,839

[1] The operating fund balance is considered part of the contigency reserve as it supports the working capital position of the Agency.

[2] The Agency implemented a multi-million dollar Clinical Management System (CMS) and established the CMS Reserve in 2003-04 to help fund this initiative. It is no longer required as the system is now operational and any costs incurred are operating costs.

Schedule 4

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF RESEARCH GRANTS
For the Year Ended March 31, 2014

	2014	2013
Trafficking of EGFR/ErbB2 Receptors in Breast Cancer Cells	100,000	100,000
Regulation of FRK Expression in Breast Cancer Cells and Tumors	100,000	-
A Novel Grafting Strategy to Construct Antibodies Targeting EGFR, HER2 & HER3 as Therapeutics for Triple Negative and HER2 Positive Breast Cancers	100,000	-
Adoptive TNF - a Transgene-engineered CD8+ T cell Therapy of Trastuzumab-resistant HER-2/Neu-positive Breast Cancer	99,456	98,456
Mini Beam Radiation Treatment of Brain Tumor with High Energy Photons using Linear Accelerator	69,556	-
HER2/HLA-A2 Mice and Eradicates Trastuzumab Breast Cancer in Athymic Nude Mice	45,000	-
Regulation of EGFR Signalling and Trafficking by p85 in Breast Cancer	40,000	40,000
Treatment of Human Glioblastoma Multiforme (GBM) Xenografts with Direct Intra-Tumor Delivery of Targeted Anti-YB-1 Therapy using Cell Permeable Peptide (CPP) versus Liposomal Doxorubicin, alone or in combination with Collimated Microbeam Radiation	20,446	108,102
The Development and Application of Novel Detector Technologies in Small Field, Stereotactic Radiosurgery and Stereotactic Body Radiotherapy Dosimetry	7,225	12,552
Role of CREB3L1 in Breast Cancer Metastasis	-	99,810
IGF-1 Signaling Effects on the Pro-Survival Activities of Leukemia Stem Cells in Genetically Defined Murine Models of Chronic Myeloid Leukemia (CML)	-	92,852
Development of an ELIZA to Monitor the Nature of Anti-Cancer Immune Responses in Colorectal Cancer Patients and Assessing its Utility in Predicting Outcome of Treatment	-	49,560
Surgical Management of the Primary Tumor in Advanced Colorectal Cancer. Does it improve survival?	-	15,814
Outcome in Elderly Patients with Glioblastoma Multiforme	-	3,628
Total Grants	$ 581,683	$ 620,774
Breakdown		
Operating expense	$ 581,683	$ 620,774
Capital expenditures	-	-
	$ 581,683	$ 620,774

Schedule 5

SASKATCHEWAN CANCER AGENCY
COMPARISON OF ACTUAL TO BUDGET
For the Year Ended March 31, 2014

	Operating Fund	
	Actual	Budget (Note 12)
REVENUES		
Ministry of Health - General Revenue Fund	$ 150,205,801	$ 149,720,227
Grants	683,439	710,000
Investment income	237,754	214,000
Other revenues	2,254,523	2,482,511
	153,381,517	153,126,738
EXPENSES		
Salaries and employee benefits	75,365,310	79,651,521
Drugs and medical supplies	51,548,519	54,008,325
Purchased services	2,337,247	2,634,053
Other expenses	17,214,991	16,832,839
	146,466,067	153,126,738
Excess of revenues over expenses	6,915,450	---
Interfund transfers (Note 8)	(100,000)	---
Net increase in fund balance	$ 6,815,450	$ ---

	Restricted Funds					
	Capital Fund		Research Fund		Trust Fund	
	Actual	Budget (Note 12)	Actual	Budget (Note 12)	Actual	Budget (Note 12)
REVENUES						
Ministry of Health	$ 80,000	$ 80,000	$ ---	$ ---	$ ---	$ ---
Donations and bequests	---	---	---	---	2,022,679	1,659,600
Investment income	145,170	120,000	1,061	1,000	83,477	84,500
Other revenues	---	---	---	---	---	---
	225,170	200,000	1,061	1,000	2,106,156	1,744,100
EXPENSES						
Salaries and employee benefits	---	---	---	---	203,471	171,000
Other expenses	---	---	---	---	598,954	710,800
Research grants (Schedule 4)	---	---	581,683	611,673	---	---
Depreciation	4,275,846	5,000,000	---	---	---	---
Loss/(gain) on disposal of capital assets	67,361	---	---	---	---	---
	4,343,207	5,000,000	581,683	611,673	802,425	881,800
Excess (deficiency) of revenues over expenses	(4,118,037)	(4,800,000)	(580,622)	(610,673)	1,303,731	862,300
Interfund transfers (Note 8)	406,303	764,436	672,455	572,455	(978,758)	(1,336,891)
Net increase (decrease) in fund balances	$ (3,711,734)	$ (4,035,564)	$ 91,833	$ (38,218)	$ 324,973	$ (474,591)

Schedule 6

SASKATCHEWAN CANCER AGENCY
CONSOLIDATED SCHEDULES OF

BOARD MEMBER REMUNERATION
For the Year Ended March 31, 2014

	2014						2013
Board Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	Total [1]	Total
Board Chair:							
McMillan, Dr. Stewart	$ 25,020	$ 19,261	$ 126	$ 4,087	$ -	$ 48,494	$ 45,183
Board Members:							
Crofts, Howard [3]	-	3,975	733	481	-	5,189	192
Finnie, Doug	-	4,375	4,815	2,850	-	12,040	3,678
Kennedy, Laura [2]	-	-	-	-	-	-	2,048
Lumberjack, Marlene [3]	-	600	2,568	275	-	3,443	300
Night, Velma [3]	-	3,200	6,774	1,638	-	11,612	1,255
Streelasky, Dr. Walter	-	1,663	3,310	1,175	-	6,148	4,338
Waschuk, Ronald	-	4,250	8,895	3,875	-	17,020	13,477
Total	$ 25,020	$ 37,324	$ 27,221	$ 14,381	$ -	$ 103,946	$ 70,471

(1) Board Member remuneration will fluctuate from member to member based on the number of meetings and conferences that they attend. The level of remuneration per member will also be affected by the location of these events, as members are resident in various areas throughout the province.

(2) Board Member term ended February 7, 2013

(3) Board Members appointed effective February 7, 2013

SENIOR MANAGEMENT REMUNERATION, BENEFITS, ALLOWANCES AND SEVERANCE
For the Year Ended March 31, 2014

	2014					2013		
Senior Employees	Salaries [1]	Benefits and Allowances [2]	Sub-total	Severance Amount	Total	Salaries, Benefits and Allowances [1,2]	Severance	Total
Scott Livingstone, Chief Executive Officer	$ 280,340	$ 7,985	$ 288,325	$ -	$ 288,325	$ 267,203	$ -	$ 267,203
Dr. Monica Behl, Senior Medical Officer [3]	481,069	-	481,069	-	481,069	101,027	-	101,027
Susan Bazylewski, Vice-President, Care Services	199,900	-	199,900	-	199,900	165,467	-	165,467
Kevin Lacey, Provincial Leader, Kaizen Promotion Office [4]	194,910	-	194,910	-	194,910	174,838	-	174,838
Dr. Jon Tonita, Vice-President, Population Health	183,552	785	184,337	-	184,337	169,915	-	169,915
Michele Arscott, Chief Financial Officer & VP Corporate Services	172,594	-	172,594	-	172,594	135,589	-	135,589
Reg Padbury, Provincial Leader, Human Resources	156,067	-	156,067	-	156,067	132,734	-	132,734
Gladys Wasylenchuk, Provincial Leader, Public Affairs	132,932	-	132,932	-	132,932	130,385	-	130,385
James Haney, Provincial Leader, Quality, Safety & Risk [5]	132,932	-	132,932	-	132,932	120,588	-	120,588
Dr. Colum Smith, Vice-President, Clinical Services [5]	-	-	-	-	-	392,485	119,396	511,881
Dr. Svein Carlsen, Vice-President, Research [6]	-	-	-	-	-	87,082	-	87,082
Total	$ 1,934,296	$ 8,770	$ 1,943,066	$ -	$ 1,943,066	$ 1,877,313	$ 119,396	$ 1,996,709

(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, merit or performance pay, lumpsum payments and any other direct cash remuneration. Designated senior employees were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance adjustments have not been determined for the year ended March 31, 2014 and will be reflected in the year paid. Refer to Note 13 for further details.

(2) Benefits and allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile, cell phone, computer, etc., as well as any other taxable benefits.

(3) Dr. Monica Behl was appointed Vice-President, Clinical Services & Senior Medical Officer January 14, 2013.

(4) Kevin Lacey is no longer in the pay-for-performance program as of March 1, 2013. However, in July/13 he was paid a pro-rated amount for pay-for-performance for the period of April 1, 2013 to March 31, 2014. Because he is no longer in that program, he is receiving 100% of his base pay, the remainder of senior leadership who are in the pay-for-performance program receive 90% of their base pay.

(5) Dr. Colum Smith left the Agency January 11, 2013.

(6) Dr. Svein Carlsen retired June 29, 2012.

Payee Disclosure List

For the year ended March 31, 2014

Personal Services

Listed are individuals who received payments for salaries,wages, honorariums, etc., which total $50,000 or more.

Ahmad, Nazir	$ 230,283	Britton, Aleksandr	94,851
Ahmed, Shahid	420,920	Brockman, Rhonda	77,040
Akomolafe, Benjamin	80,736	Broley, Chandra	53,731
Alexander, Andrew	64,665	Brose, Kelsey	423,092
Ali, S Kaiser	493,914	Brown, Shardelle	82,101
Allen, Joanne	86,063	Brown, Tanya	388,854
Almasi, Karen	78,912	Browne, Kara	55,888
Alvi, Riaz	118,877	Brunet, Bryan	410,185
Amjad, Asim	181,546	Bruse, Lydia	66,284
Amyotte, Stacey	50,272	Budz, Denise	132,932
Anderson, Jennifer	66,798	Bulych, Deborah	118,756
Anderson, Deborah	173,288	Bunko, Ada	88,825
Andreas, J. Joe	88,257	Burks, Amber	63,035
Arnold, Florence	420,765	Cadman, Patrick	133,358
Arscott, Michele	172,594	Campbell, Lorna	85,711
Ash, Sheila	60,939	Carmichael, Linda	92,784
Aspen, Rebecca	99,691	Cattet, Heather	78,446
Bailey, Richelle	54,432	Caza, Alison	53,812
Baisley, Julie-Ann	87,677	Chalchal, Haji	429,375
Ball, Sarah	60,040	Cherland, Susan	56,029
Barnardo, Christopher	81,875	Choquette, Heather	102,518
Basler, Courtney	81,775	Chow, Leissa	64,241
Bazylewski, Susan	199,900	Christenson, Kendra	89,664
Beaule, Cindy	50,943	Clayton, Kimberly	86,660
Beckett, Craig	192,522	Cole, Scott	71,883
Behl, Monica	481,069	Colleaux, Dena	86,808
Belitski, Renee	126,769	Conklin, Sheldon	72,982
Belous, Janice	85,734	Cook, Darcy	84,860
Bernauer, Sandra	67,051	Cook, Kristan	95,405
Berzolla, Wayne	79,995	Corbin, Denise	62,226
Bichon, Carol	91,047	Cosgrove, Eileen	78,563
Blachford, Patti	75,542	Coulter, Sheila	104,488
Black, Megan	86,077	Cousins, Sara Rose	72,242
Blackwell, Maitland	86,216	Cowan, Sarah	84,219
Blazeiko, Jonathan	78,599	Cranmer-Sargison, Gavin	158,654
Bodnar, Carina	51,393	Crerar Koshuba, Robin	65,751
Boehm, Deborah	63,884	Cross, Deborah	54,578
Boehm, Lisa	68,598	Crump, Jolene	62,151
Boehm, Darryl	117,178	Custer, Tracey	60,551
Bonham, Keith	143,767	Dacey Dudey, Christine	55,614
Bonnell, Gabriel	62,897	Dallorto, Suzanne	91,261
Bradel, Theresa	230,283	Danyluk, Patricia	107,269
Braun, Brenda	85,332	Davies, Laci	55,077
Bray, Sherilyn	60,731	Davies, Martie	74,567
Brecht, Ron	99,062	Davis, Karen	100,239
Briggs, Sheri	97,266	Deane, Mary	82,670
Bristol, Ken	84,589	Demorest, Regan	56,598

Derdall, Carson	58,309
Derrick, Peter	89,730
Deschamps, Michelle	100,385
Deters, Tim	91,849
Dewald, Carmen	62,580
Dockray, Leanne	71,212
Doell, Heather	114,082
Dolata, Wojciech	424,129
Douglas, Leona	90,003
Down, Debra	61,398
Drever, Laura	154,877
Dubey, Arbind	428,231
Duchscher, Dana	75,540
Dukart, Jessica	76,244
Dupont, Kimberley	66,266
Dwernychuk, Lynn	105,626
Dyczkowski, Theresa	82,477
Edmunds, Laurie	75,960
Edwards, Trent	91,413
Elemary, Mohamed	60,511
El-Gayed, Ali	422,832
El-Sayed, Assem	303,598
Emara, Mohamed	113,169
English, Azure	99,106
Esmail, Lina	67,039
Fay, April	86,737
Ferozdin, Sajjad	94,100
Fiddler, Kerri	81,329
Field, Susan	82,816
Fiessel, Wanda	78,833
Filipchuk, Monica	77,011
Fisher, Jennifer	73,808
Fisher, Michelle	105,556
Fleck, Karyn	76,148
Florizone, Jackie	62,883
Foord, Christel	56,387
Foote, Bertha	86,823
Forreiter, Dorothy	85,652
Foster, Kimberly	68,950
Foster, Jenna	73,314
Fox, Pauline	86,063
Frank, Tracy	84,144
Galloway, Laurie	103,008
Gantefoer, Allison	76,200
Gardiner, Donald	489,447
Garratt, Kevin	112,980
Gartner, Helen	80,425
Gawley, Barbara	66,656
Gebauer, Jillian	88,399
George, Janet	60,679
George, Theresa	73,778
George, Alex	91,064
Gerber, Laurie	79,203
Gerein, Brenda	75,730
Gervais, Amanda	79,213
Gesy, Kathy	183,111
Glasman, Wilhelmen	74,273
Glenister, Shannon	83,616
Glover, Frances	60,939
Good, Carlene	84,560
Goodman Chartier, Sandra	76,287
Goodyear, Genny	69,034
Goubran-Messiha, Hadi	433,393
Gray-Lozinski, Denise	71,015
Greuel, Morna	65,070
Grubor, Sasa	81,728
Gulka, Sandy	75,107
Haider, Kamal-Uddin	420,920
Hala, Karen	81,654
Hancock, Jennifer	71,021
Haney, James	132,932
Hanlon, Lana	83,743
Hannah, Tami	83,700
Haq, M. Mansoor	487,154
Hartz, Gayle	54,223
Hastings, James	82,783
Hautz, Jo-Anne	87,300
Hawryluk, Wanda	54,959
Hegyi, Brandi	63,251
Heinrich, Arlene	79,012
Helfrick, Heather	61,220
Hepting, Jaclyn	81,298
Hiscock, Joelene	52,425
Hnenny, Vera	99,903
Ho, Jenny	54,394
Hobson, Raelene	83,804
Hodgins, Debra	98,731
Holzapfel, Edith	90,334
Hordos, Janelle	86,467
Hornseth, Shyanne	64,458
Houshmand, Shauna	66,408
Hughes, Jillian	57,659
Ingenthron, Nicole	70,183
Iqbal, Urooj	55,842
Ismail, Waleed Sabry	431,066
Jackson, Rose	60,501
Jameson, Brenda	84,664
Jan, Shalene	57,922
Jancewicz, Miroslav	429,169
Janzen, Tracie	76,379
Jones, Shannon	75,925
Judd, Alison	87,312
Kaban, Susan	67,657
Kakumanu, Ankineedu	429,169
Kaminski, Doug	78,198
Kennedy, Carol	51,984
Kennedy, Donna	86,576
Keuler, Lisa	84,971
Khan, Mohammad	175,806
Kindrachuk, Marg	65,446
Kish, Donna	87,956
Kolbinson, Janice	100,887

Kolosnjaji, Aleksander	76,035
Kondra, Erica	90,136
Korec, Lisa	102,195
Koul, Rashmi	342,659
Kovacs, Cindy	64,740
Kowbel, Beverly	104,311
Kozie, Serena	84,366
Krakalovich, Helena	104,815
Kroeker, Dana	78,707
Kruger, Lana	90,832
Kulrich, Celia	78,975
Kundapur, Vijayanan	422,719
Kuyek, Sherry	85,938
Lacey, Jill	99,892
Lacey, Kevin	194,910
Ladyka, Colin	82,560
Lamontagne, Nicole	50,559
Langston, Danielle	85,601
Lauridsen, Debra	60,938
Le, Jane	85,803
Le, Duc	381,268
Legare, Angela	86,204
Lewis, Margaret	115,118
Li, Allen	70,732
Livingstone, Scott	288,325
Lobzun, Kevin	93,365
Lochbaum, Roberta	70,872
Lulik, Deborah	55,551
Luterbach, Sharon	89,520
Ly, Ketsia	88,850
Lyons, Barry	115,775
Macdonald, Wanda	60,939
Macdonald, Janice	62,139
Macdonald, Colin	82,826
Macedward, Kathy	90,105
Mackay, Rebecca	365,891
Magosse, Matt	87,900
Mah Vuong, Pearl	61,851
Mahmood, Shazia	455,629
Mann, Mary Ellen	81,070
Marchant, Kristin	142,150
Martin, Stacy	60,242
Martinson, Alexandra	97,576
Mcallister, Gordon	230,283
Mcdougall, Christine	75,880
Mcdougall, Cheryl	76,660
Mcewen, Denise	54,773
Mcginn, Stephanie	65,269
Mckay, Courtney	76,085
Mckenzie, Jennifer	90,940
Mclean, Jessica	82,490
Mensch, Jackie	95,547
Milligan, Laurey	73,750
Mitchell, Janet	50,411
Mohamed, Mohamed	455,300
Molde, Kelli	61,069
Monteith, Jennifer	57,374
Morris, Joan	91,746
Muz, Lori	85,616
Narasimhan, Gopinath	80,972
Neufeld, Leah	78,005
Newcomb, Chris	199,138
Newton, Lisa	51,479
Nicholson, Kara	99,122
Nickel, Sharon	62,475
Nilson, Linda	190,389
Nistor, Gail	61,018
Norman, Carla	65,116
Nygaard, Tracy	55,306
O'Hearn, Stephen	57,457
Olesen, Natasha	85,637
Olson, Colleen	105,247
Onasanya, Adeniyi	81,262
Othman, Ibraheem	115,608
Pacholko, Alisha	60,469
Padbury, Kristen	79,255
Padbury, Reg	156,067
Padia, Jignesh	91,457
Patel, Nilesh	91,952
Patterson, Janet	86,450
Pearce, Laurie	64,253
Pearson, Derek	355,330
Pelletier, Devon	82,632
Penley, Robert	93,898
Perry, Annamae	86,286
Perry, Chantal	87,505
Pettigrew, Deanne	56,631
Phillips, Zoe	71,203
Phillips, Leah	102,664
Piercy, Bonnie	62,369
Pierlot, Joan	97,942
Piper, Jaimie	90,295
Pituley, Harriette	105,328
Pollock, Lenore	102,140
Post, Michelle	73,309
Power, Katrina	79,847
Procyk, Bernadette	58,319
Prodaehl, Coralee	55,952
Pryor, Rick	77,254
Rathwell, Grant	60,395
Rayson, Sandra	202,163
Reichert, Brian	98,342
Ripplinger, Yvonne	61,301
Robb, Karen	81,305
Robertson, Kathy	82,798
Robson, Laura	60,132
Rosenkranz, Kelsey	64,437
Roth, Vanessa	70,573
Russell, Nancy	81,528
Russell, Elaine	85,597
Sadikov, Evgeny	428,231
Salah Ahmed, Osama	99,258

Sami, Amer	420,920
Sandhu, Gurpreet	115,493
Sangster, Troy	71,925
Sapieha, Shannon	70,244
Sarker, Sabuj	76,992
Schiltz, Colette	89,110
Schmidt, L. Marlene	73,078
Schmidt, Bruce	90,832
Schulz, Marcia	54,340
Schumann, Irmgard	86,560
Schwartz, Lyndon	99,418
Sebastian, Shauna	89,390
Segal, Liana	72,793
[illegible]dler, Janelle	51,678
Seminuk, Amber	61,645
Senft, Beverley	86,142
Shaw, Judy	81,867
Shinkewski, Patty	68,943
Shular, Brenda	112,993
Sigurdson, Jo Anne	86,388
Silver, Amanda	84,076
Sirdar, John	87,674
Smetaniuk, James	75,709
Smith, Lauralee	53,797
Smith, Jocelyne	88,186
Sollid, David	96,628
Sorsdahl, Lisa	77,379
Starosta, Joann	93,893
Steinson, Sharon	82,753
Strachan, Heather	50,906
Strautman, Cheryl	83,484
Stroshein, Irene	55,996
Struck, Karly	50,763
Strugari, Brittany	59,594
Struzycki, Kyle	54,758
Stuart-Panko, Heather	105,545
Stuckel, Renee	78,836
Suderman, Derek	153,249
Sweet, Rhonda	55,503
Switzer, Landon	65,007
Tai, Patricia	420,731
Taylor, Yvonne	133,177
Templeton, Wendie	75,871
Tenezaca, Raquel	55,176
Thain, Caroll	104,771
Thiesson, C. Scott	90,204
Thompson, Cheryle	93,697
Thurber, Colleen	70,170
Tiefenbach, Paula	51,840
Tinline, Paula	85,851
Tompkins, Sandra	65,316
Tonita, Jon	184,337
Tonn, Rebekah	53,601
Toon, Brenda	84,473
Torri, Vamsee	429,169
Tralnberg, Sandra	87,490
Treppel, Diane	91,844
Tu, Deluan	60,762
Tuba, Sheritee	97,890
Turley, Dominic	94,546
Tyndall, Joanne	88,443
Usher, Barbara	76,471
Uz Zaman, Mohammad	63,369
Vachhrajani, Haresh	318,453
Vandenameele, Angela	59,761
Vandenberg, Jennifer	52,981
Van-Gemeren, Jacquelin	89,626
Venekamp, Jason	77,295
Venugopal, Niranjan	60,001
Villeneuve, Carissa	83,269
Virgin, Stacey	84,548
Vizeacoumar, Franco	61,669
Wacker, Steven	126,237
Wagner, Maya	51,241
Waldbauer, Alison	87,014
Wall, Alana	65,085
Wallace, James	55,957
Ward, Kathy	67,192
Warren, Joyce	95,106
Wasylenchuk, Gladys	132,932
Watson, Pauline	60,705
Weigel, Tamara	91,107
Weinrich, Ian	71,003
Weir, Linda	105,560
Wenaus, Cori	83,529
Wendel, Jeana	116,167
Weslowski, Lindsay	62,939
Westad, Anne	87,658
Whiting, Cheryl	104,840
Whittle, Alison	93,458
Wilde, Brenda	98,359
Wilson, Marlo	57,001
Wlodarczyk, Lauren	78,892
Woitas, Carla	54,354
Wood, Valerie	87,958
Woodrow, Nicole	77,420
Woodward, Joanne	80,141
Wright, Philip	420,043
Xiang, Jim	155,239
Yadav, Sunil	420,920
Yarotski, Barbara	57,127
Youssef, Hanaa	53,530
Yuzik, Patricia	90,872
Zaba, Donna	77,778
Zahayko, Michelle	60,272
Zaidi, Adnan	324,689
Zarkovic, Mirjana	429,169
Zatylny, Paula	65,725
Zhu, Tong	82,986
Ziegler, William	175,591
Zimmer, Natasha	99,592

Payee Disclosure List

For the year ended March 31, 2014

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts, and equipment.

3sHealth	$ 274,242	Healthtech Consultants	260,787
Abbvie Corporation (formerly Abbott Laboratories)	2,660,812	Hospira Healthcare Corporation	234,469
Affymetrix	79,377	Innovation Place	134,060
Alberta Health Services	133,483	Insight Canada	189,777
All-Brite Electric	82,384	KPMG	50,500
aodbt Architecture & Interior Design	88,842	Lawlor, Dr. B.	79,624
Associated Radiologists - Saskatoon	254,520	LEADCoach	73,034
Baxter Corporation	660,354	Ledding, Kevin	71,500
Bayer Inc.	87,233	MacLennan, Dr Iain M.	131,285
Becton Dickinson	50,000	Macquarie Equipment Finance Ltd.	194,927
Biomed Recovery & Disposal	60,639	Mallinckrodt Canada ULC	60,960
Bristol-Myers Squibb Canada	2,314,667	Marsh Canada Limited	100,502
BTS Group Inc.	201,398	McKesson Canada	9,535,676
Canadian Blood Services	376,362	McKesson Distribution Partners	3,497,347
Canadian Medical Protective Association	84,402	Melemary Medical Professional Corporation	412,836
Canadian Pharmaceutical Distribution Network	27,475,555	Merck Canada Inc.	186,233
Cancercare Manitoba	145,904	Minister of Finance - Ministry of Government Services	345,740
Cancard Inc.	84,757	NewWest Enterprise Property Group (Sask) Inc.	137,256
Card, Dr. Robert T.	136,794	NexJ Systems	134,000
CDW Canada Inc.	77,443	North Pasqua Developers	116,376
Celgene	3,288,852	Novartis Pharmaceuticals Canada	7,856,379
College of Physicians & Surgeons of Saskatchewan	70,895	Otsuka America Pharmaceutical Inc.	66,654
Colliers McClocklin Real Estate Corp	455,580	Paradigm Consulting Group Inc.	200,185
CompuCom Canada	58,588	Phenomenome Discoveries Inc.	120,000
Crown Enterprises Ltd.	54,833	Philips Healthcare	65,258
Cxtec	208,929	Prairie Advertising Direct Mail Specialists	1,430,246
Cypress Health Region	50,660	Prairie North Health Region	56,728
Derby Holdings Ltd.	105,273	Prince Albert Parkland Health Region	90,935
Diners Club	127,456	Print-It Centres	51,696
Donaldson Marphil Medical Inc.	227,250	Provincial Health Services Authority	147,057
Dr. Tahir Abbas Medical Professional Corporation	469,137	Radiology Associates of Regina	531,760
Dr. A. Amjad Medical Professional Corporation	295,582	Rad Parts Com Inc.	85,637
Dr. Mark Bosch Medical Professional Corporation Inc.	330,432	RBM Architecture	205,137
Dr. Nayyer Iqbal Medical Professional Corporation	505,923	Regina Qu'Appelle Health Region	2,734,998
Dr. A. Paul Masiowski Medical Professional Corporation	66,500	Royal Bank Visa - Payment Centre	236,879
Dr. J. Stewart McMillan Medical Professional Corporation	51,068	Saskatchewan Government Employees Union	989,966
Dr. C. Mpofu Professional Corporation	504,741	Saskatchewan Energy	51,550
Dr. Otto Moodley Medical Professional Corporation	462,716	Saskatchewan Power	68,875
Dr. Muhammad Salim Medical Professional Corporation	497,338	Saskatchewan Registered Nurses Association	56,763
Dr. David Sheridan Medical Services Professional Corporation	298,781	Saskatchewan Telecommunications	180,050
Dr. Julie Stakiw Medical Professional Corporation	502,257	Saskatoon Health Region	4,555,483
Dr. Derek Suderman Medical Professional Corporation	50,870	Schaan Healthcare Products Inc.	161,539
Dr. Haresh Vachhrajani Medical Professional Corporation	196,716	Siemens Canada Limited	83,208
Ebsco Canada Ltd.	57,591	Sigma-Tau Pharmaceuticals, Inc.	221,545
eHealth Saskatchewan	301,433	Smiths Medical Canada Ltd.	53,515
Eisai Limited	58,956	Somagen Diagnostics Inc.	846,286
Elekta Inc.	278,197	Sopherion Therapeutics	100,047
EUSA Pharma Inc.	252,430	South Pasqua Development	191,700
Ferring Inc.	272,850	Sperling, Brad	114,300
Five Hills Health Region	79,792	Stevens Company Limited	444,923
GE Medical Systems Canada	231,129	Sunrise Health Region	96,364
Generic Medical Partners	65,995	Tekara Organizational Effectiveness Inc.	139,781
Genomic Health Inc.	325,650	TranZeal Consulting	134,280
GMD Distributing	333,960	University of Saskatchewan	1,159,746
Golden West Broadcasting Ltd.	58,890	Varian Medical Systems	5,458,013
Grand & Toy Office Products	214,377	VCM Construction Ltd.	1,295,400
Great-West Life Assurance Co.	334,743	VWR International, Ltd.	85,133
Greenlee Construction	82,913	WBM Office Systems	148,241
Hall Consulting Services	98,327	West Wind Aviation Ltd. Partnership	132,652
HBI Office Plus Inc.	262,580	Westridge Construction Ltd.	461,495
HDH Architects	68,584	Xerox Canada Ltd.	69,686

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Public Employees Disability Income Fund - employer's share	$ 219,855	3S Health - Extended Health Care Plans	330,926
Public Employees Pension Plan - employer's share	3,174,887	3S Health - In-Scope Health & Dental	946,270
Receiver General for Canada :		Saskatchewan Healthcare Employee's Pension Plan - employer's share	345,330
- Canada Pension Plan - employer's share	1,339,426	Workers' Compensation Board	510,035
- Employment Insurance - employer's share	660,869		
3S Health - Core Dental Plan	446,239		

Contact Us

The Saskatchewan Cancer Agency operates prevention and early detection programs, conducts innovative research and provides safe, patient and family-centred care at our two cancer centres. To watch a video that showcases our work, visit www.saskcancer.ca/excellence.

Saskatchewan Cancer Agency General Reception: 306-585-1831

Allan Blair Cancer Centre (Regina): 306-766-2213

Regina Cancer Patient Lodge: 306-359-3166

Saskatoon Cancer Centre: 306-655-2662

Saskatoon Cancer Patient Lodge: 306-242-4852

Screening Program for Breast Cancer: 1-855-584-8228

Screening Program for Colorectal Cancer: 1-855-292-2202

Prevention Program for Cervical Cancer: 1-800-667-0017

Quality of Care Coordinator (client representative): toll-free in Canada 1-866-577-6489; qcc@saskcancer.ca

Donations: 306-766-2142; donate@saskcancer.ca; www.saskcancer.ca/donate

Visit our website: www.saskcancer.ca

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